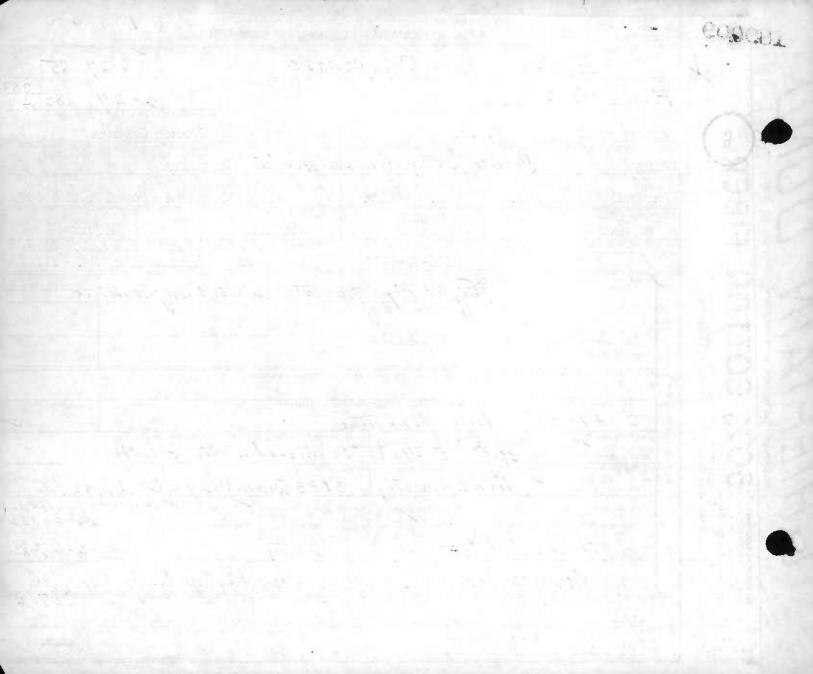
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	Bange 6		EASED NAME	FIRST	a s.	Car	n Pa	naro.	20 DATE KNO OF ES DEATH MA	STI-	DAY YE.	AR 26 HOU
	PAR PLEADURE FILE ON STREET	3. SEX	omale Wi	hite	5. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHI		DER 1 YR IF UNDER 24	HRS. 20. DATE PRONOUNCED DEAD	6-2'	7 19 E	EAR 20 HOU
	75	FO	RTHPLACE (STATE OR REIGN COUNTRY) LNNS YLVANIC		76. CITIZEN OF WHA	U.S.A. **MARRIED NEVER MARRIED Prince George						
	1/4	10. CI	YOR TOWN OF DEA		11 NAME OF HOSP	ITAL, NURSING HOM	E, OR OTH	111 , 11	LO USUAL OCCUPATION FOR MOST OF WORKING Homemake	ON (TYPE OF WORK	OR INDU	
21201	AND 3 TRETAIN RETAIN BECORDS	USUA 13a S	L RESIDENCE (IF IN NUR	SING HOME OF	Υ	RESIDENCE BEFORE ADMISS 136. CITY OR TOWN Mt. Raini		13d. INSIDE CHY LIMITS? 13	3133 Queen)712 # 102
RE, MD.	AND 2 STATE		Alphonso		WIDDLE	Siano	Hus !	15. MOTHER'S MAIDEN Virgini	a	U	nknown	
MITIMO	S AFTER C SINE PAC TH FORM VISION C	(YI	VAS DECEASED EVER I S. NO. OR UNKNOWN)		NED FORCES? VAR OR DATES)	216-30-44		17. INFORMANT Gra. Virginia Ha		rsville,		21108
ONST.,	24 HOURS ITEM 18. G. ONG WIT PERMIT. PI SIENE, DIV	7	PART I DEATH W		E CAUSE (a	ght hip	Tre	acture u	with con	ylicon	BETWEEN C	IMATE INTERVAL ONSET AND DEAT
W. PRESTON ST	WITHIN 2 PENCIL IN 1 MINER AL TRANSIT I ENTAL HYCOR REMOV		Conditions, if o gave rise ta cause (a) stoting	immediat	(b)	AS A CONSEQUENCE	/					
RECORDS, 201	EXECUTEING" IN FINGE IN FINE IN		lying cause lost. PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TER	MINAL OISEASI	OR CONDITION GIVEN IN PART 1) (a),			
TAL RECO	HE WEND HE WEND HIEF MED AS	CERTIFICATION	190. DATE OF OPERA 5-27		19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTO	
ON OF VI	THE WORLD BE COULD BE RETMENT	1	210 EXTERNAL CAUS	EWAS OR	Thomas a	MONTH DAY YEA	2Tr. HC	OW INJURY OCCURRED IN MINISTER	a Step p	H felf		NO B
DIVISION OF	WRITING THE ARDED TO AGE 3 SHOU AT DE DEPART TO THE DEPART	MEDICAL	21d. INJURY OCCURR	ED WHILE	21e PLACE OF	FINJURY (AT HOME,	21f. LO	TREET 373 Que	en Che pe	Par Ant	NIY (02/	ML STATE
	MINER: THE STATE OF THE STATE O	3				ribed obove, held an	Autop:		Inquiry Undetermined manne	Rain my op	nion for	30772
	CAL EXA THE CERT SHOULD RAL DIRE ATH, WIT		ACTUAL SIGNATURE	legu	89/10	chyung	M	D SPECIFY	_MEDICAL EXAMINE	R DATE	6-0	27-83
	TO MEDICAL EXECUTE THE CPAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M	22 a Bi	EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, RE	Mace	to P. Rec	1236 NAME OF CE	MD	ADDRESS 5009	LOYDUM L	Ch. Cp.	pr. 4	MI
07/84 25M	BP	(5	Burial JNERAL DIRECTOR F		July 1,198	5 Gate of		en Cemetery	Silver Spr	ing Mont	gomeri	y Md.
	DHMH - 17 (VR A15 ME (5))	50	O Universi	ty Boi	ilevard. W	I. Silver S	Spring		03 1985	المرابعة والمرابعة	- Land	ell.

STATE OF MARYLAND



\$3091	1 -	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 5 1 7 8 1								
may be page 3		CEASED NAME FIRST OR PRINT) · MARY	H. CANNON		LAST	6/22/85	LO:08p N			
Page 4 may director, pa naurs after d	3. SE	remale	4. RACE White	5. DATE MON'		6. AGE (IN YEARS LAST BIRTHDAY) 84 YRS	MONTHS DAYS HOURS MIN.			
funeral dir thin 72 hau		RTHPLACE (STATE OR FOREIGN Connecticut	76. CITIZEN OF WHAT COUNTY U.S.A,	TRY? 8. MARRI WIDOW	ED NEVER MARRIEDXX	9 BALTIMORE CITY OR COUN PRINCE GEORGES				
by the fulled with		TY OR TOWN OF DEATH		SOUTHERN MARY LAND THO		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Factory Worker				
filled in ould be	130 5	STATE 13b C	AS OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY INCE Geog S CL		134. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 9211 Stuart La	DOE			
ted with	Th	ATHER'S NAME FIRST Comas Cannon	MIDDLE LAST		15 MOTHER'S MAIDEN NA Catherir	ne Wynn MIDDLE	LAST			
be executed the finder of the	- (S. GIVE WAR OR DATES)	2 0234	Vanessa Dav	is! 9211 Stuart	La. Clinton, Md.			
that the death certifical by the attendance carbon and cremation, or temper rather traumatic event		PART I. DEATH WAS CA	DIATE CAUSE (0) DUE TO, OR AS A CONSI	EQUENCE OF	derote 6	Len Bina	MINHEN ONSET AND BEATH.			
w requires been signed mit. Then pli oriar to burn stry, injury, o	ATION	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	Svie	Ulu-	200 AUTORSY? ZOb. IF	YES, WERE FINDINGS USED			
CIAN: The low in physicion. Intricote has bolistronsit permittel Hygiene printing 8 stores.	AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M. MONTH		21c. HOW INJURY OCCUR		ITIFYING CAUSES OF DEATH? YES NO 8 PART (OR PART 2)			
uG PHYSIC ottending ter this ce is the buric on the dor ite	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OF	FFICE, FARM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
ATTENDIN spital ar CTOR: Af for use a of Health		sow the deceosed alive above, (1) (we) (did) (di	ospital) ottended the deceosed free on	811		deoth occurred on the date and h				
PITAL OR A by the hor lERAL DIREC be detached State Dept ANT: If Item	d	276 SIGNATORE	gan MZ		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED			
AP Ste P		22d PHYSICIAN'S NAME (1	YPE OR PRINT	-	22e ADDRESS					

DHMH - 16 50M 4/B3 (VRA 15, 4)

June 26 198\$ Lee Crematory Cremation 24 FUNERAL DIRECTOR

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Clinton 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE was wardon fandake

COUNTY

STATE

23d LOCATION

CITY OR TOWN

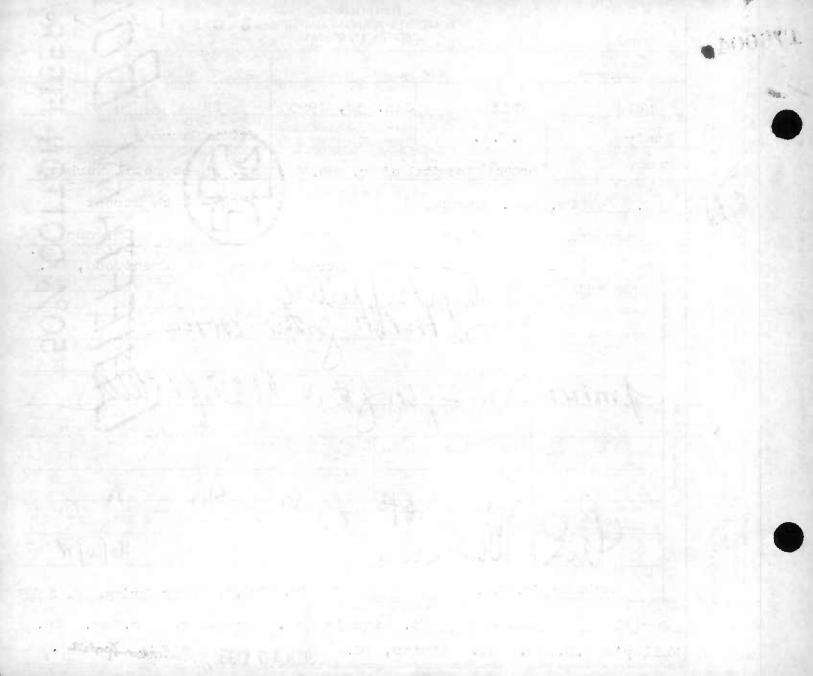
Lee F.H. 6633 Old Alexander Ferry Rd. Clinton, Md.

G proc MOTREZA MOSTAAN

23c. NAME OF CEMETERY OR CREMATORY

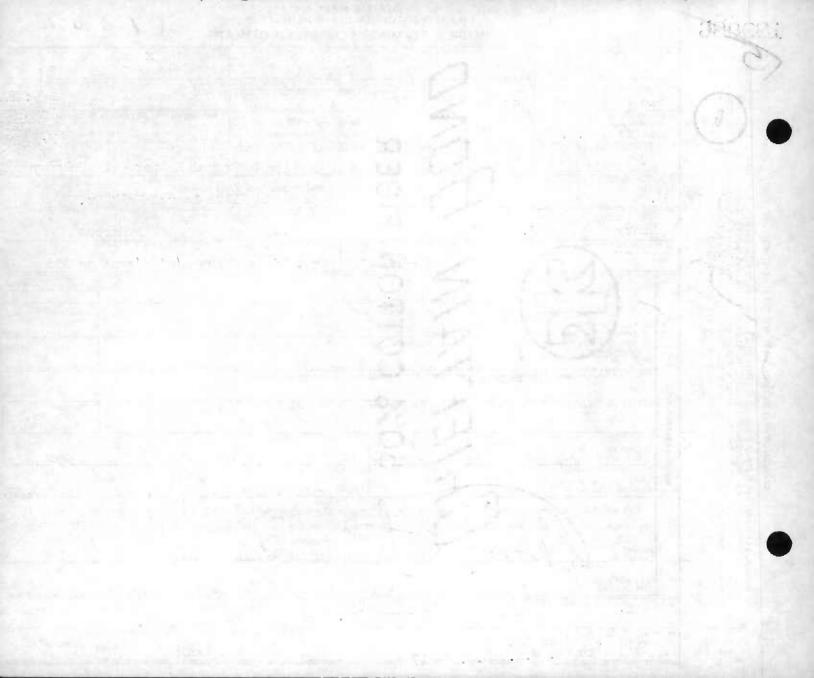
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1	E EE EE E	2 7 7 7	14.6	Alfonso		lburne	Catle			DEATH MA	TED 6	-30 19.	N W
5	EEE 58	I.SE		RACE	5. DATE OF BIRT	Y YEAR LAST 8	(IN YEARS IF UN		UNDER 24 HRS	PRONOUNCE	D MON	7)	TEAR 22 HOUR
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		10.0	Virgin TY OR TOWN OF			d States	WIDOW		DIVORCED L	Princ	e Geo	rges C	County
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ts.	S S S S S S S S S S S S S S S S S S S		PART I DEATI	EATH (Enter only H WAS CAUSED	y one cause per l BY:	ine for (a), (b), and (c) Carcinoma	of the 1	ımo				BETWEEN	ONSET AND DEATH
PRESTON ST	A E G B E E		Desired to	IMMEDIATI	E CAUSE (a)	OR AS A CONSEQUEN							
23	ENCE SERVICE			if ony, which	00210,	on As A College	(CL 0)						
5	PAN TRA	10		to immediate	(b)	OR AS A CONSEQUEN	ICE OF						
- 50	N P P		lying couse l	ast.		our to recording to	ice of						
. 8	ANDA		PART 2 DTHER SIGNIF	ICAHT (DHDITIONS (ONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE	TERMINAL DISEAS	F OR CONDITION GO	VEN IN PART I (a)				
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¥	CHIEF CHIEF CHIEF COF HE LINES	IFF							4			YES	□ NO 🛛
OF VIT	THICATE SIGNED TO THE COMPOUND BE WARTMENT HOURS TO BUT	CER	210. EXTERNAL C	_		OF INJURY	21c. He	OW INJURY O	CCURRED IENTE	R NATURE OF INJURY	IN ITEM 18 PART 1 C		
NO.	PET OF THE	18	UNDERLYING CONTRIBUTING	OR CAUSE OF D		.M. MONTH DAY							
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ā	ARP	2	WHILE AT WORK	T WORK) STREET, P	ACTORY, PARM, ETC.)		DIMEEL		CITY OR TOWN		COUNTY	STATE
	PE PA		22a Leartify th	not I took charat	of the remoins of	described obove, held	on Autop	sy] le	spection X.	Inquiry X) and in m	ly opinion	
	A STATE		death resulted f		al causes X,	Accident .	Suicide			etermined manne		у ориноп	
-	ARY ARY			4	.0	0 .		TITLE (SPEC					
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	MUSPER STATE		TYPE OR PRINT)	Augus	sto P. Rod			ADDITE 33		m Ct., Te	mple Hil	ls, Md.	
	524544 —	23a.B	URIAL, CREMATIO					R CREMATORY		LOCATION TY OR TOWN		COUNTY	STATE
07/84 25M	BP	24.5	Buria		7/06/8			Natio		uitland			ryland
23/41	DHMH - 17		NAME GEO	LAINE		neral Hon	ne	250.	DATE REC'D.	BY REGISTRAR 2	ISI REGISTRAR	SSIGNATURE	L 80
	(VR A15 ME (5))	3	831 Geo	rgia A	venue,	NW;Washir	igton,	DC	JULI	U 1985	7.00		

6-30 000



18	9086	1-	STATE REGISTRAR		MED				ERTIFICATI	24	72	REG. NO.	8 0	14	
1	5.48+	1. DE	CEASED NAME E OR PRINT)	Rufus		WIDDLE		Ch	apman		20 DATE KNO OF ES DEATH MA	WNX MONT		YEAR 85	2b. HOUR
	PACE PACE PACE PACE PACE PACE PACE PACE	3. SE)	25 77 7	RACE Black	5 DATE OF BIRTH MONTH DAY Oct 26, 1	YEAR Q46	LAST BIRTHD/	ARS IF UN	DER 1 YR. LIF UN		2c. DATE PRONOUNCED DEAD	MÖNT	DAY	YEAR	2d HOUR 9:457
•	(6)	76. BI	RTHPLACE (ST REIGN COUNTRY) e City,	ATE OR	76 CITIZEN OF WH.			0	D NEVER M.	ARRIED	BALTIMORE Prince		NTY OF DEA		M AND
	ELAY IS TO THE P	10. CI	Chever	OF DEATH	11 NAME OF HOSP	LITY, GIVE ST	REET ADDRESS)	, OR OTHE		12a. USU FOR /	JAL OCCUPATION OST OF WORKING I	ON (TYPE OF WOR	OR IN	OF BUS DUSTRY Know	
21201	AND 3	Md	TATE	IF IN NURSING HOME (OR OTHER INSTITUTION, GIVE	RESIDENCE 13c. CITY	or town urel	(NC	13d. INSIDE CITY LIMIT YES 🛣 NO	15? 13e. STR	22 Laur	cel Wali	20% Dr.	108	8
ORE, MD	DEATH.		Henry			pman			15 MOTHER'S M FIRST BE.		WIDDLE		arcus		
BALTIM	S AFTER GIVE PA ITH FOR PAGES IVISION	160. V	NO NO UNKNO		WAR OR DATES)	23	7-70-4		Mrs. L:	inda C		odress vife/sam			
PRESTON ST.,	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D	1	PARTIDE	ATH WAS CAUSE	oly ane cause per line f D BY: TE CAUSE (a) MU	ltip	le inj							DXIMATE II N ONSET A	AND DEATH
201 W. PRES	O BE EXECUTED WITHIN PENCIL IN MEDICAL EXAMINER A SA SUREMAL-TRANSIT ALTH AND MENTAL HY CREMATION, OF REM.	Section 1	gaye ris	s, if any, which e ta immediate stating the <u>under-</u> le last.	(b)	41									
ECORDS		NOI			CONTRIBUTING TO DEATH BI										
VITALE	SHOUL CHE LISED	CERTIFICATION	19a. DATE OF	OPERATION L CAUSE WAS	196 CONDITI		WHICH OPER		AS PERFORMED?						NO []
DIVISION OF	E. THIS CERTIFICATE E. WRITING THE WARDED TO THE PAGE 3 SHOUDS STATE DEPARTAE 21201 PRÍOR TO BE	MEDICAL CE	UNDERLYING CONTRIBUTION	G CAUSE OF		MONTH 6	DAY YEAR		iver in				-,	pact	
DIV	WARDEI WARDEI PAGE 3 STATE DE	ME		NOT WHILE C	S	tree	-	Ba1	to-Wash.				enbelt	.P.	G,MD.
	MEDICAL EXAMINER CCUTE THE CERTFLOAT GE 4 SHOULD BE FOR THURSEN DIRECTOR TER DESTIN THE THE DESTIN WITH THE		death resulte	// "	al causes ,	Accident)		Autaps	Hamicide TITLE (SPECIF)		Inquiry L	and in my	apinion		
	AEDICAL E	1	ACTUAL SIGNATURE_ EXAMINER'S I	NAME	Thomas D		Kun		Acting	Chiefe			VEDO/	/30/	85
07/84	524544	(5	*Burial	ION, REMOVAL	7-3-85	23c. N		AETERY OF	CREMATORY	23d. LC	St. B	cc	YINU	STAT	TE
25M	DHMH - 17 (VR A15 ME (5))	24. F	John T 3015 1	Rhines 2th St.	Co. ADDRESS				250. D)	11111	ndover registrate 25	b. REGISTRAR'S	SIGNATURE	ndell	L

STATE OF MARYLAND



FOR

TO NKNOWN)

(IF YES, GIVE WAR OR DATES)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	I DECEASED NAME FIRST DEL	LA M.	CHASE	20. DATE OF DEATH MONTH DA	85 YEAR	6 25AM
۳	1 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER TYEAR	IF UNDER 24 HRS
ij	Female	Black	2 MONTH 14 DAY 1904	81 YRS.	ONIHS DAYS	HOURS MIN.
2	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	9 BALTIMORE CITY OR COUNTY OF PRINCE GEORGES		MD
Ĺ	10 CITY OR TOWN OF DEATH CHEVERLY	PRITICE GEORGES		(TYPE OF WORK FOR MOST OF WORKING LIFE)		F BUSINESS OR

	CHEVERLY		CE GEORGES GENE		TACTOLY	INDUSTRY Gun
		136 COUNTY	UTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN		13. STREET ADDRESS. / ZIP CC 2402 Panther I	DE 20715
	14 FATHER'S NAME Thomas	WIDDLE	Gross	IS MOTHER'S MAIDEN NA Maggie	MIDDLE	Gross LAST
1	IAN WAS DECEASED EVER	IN U.S. ARMED FORCE	ES? THE SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	

219 16 9494

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause fost.

PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED AUTOPSY? 200 IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY (IF EITHER NOTIFY MEDICAL EXAMINER)

210 PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED COUNTY CITY DRINGWIN STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive an_ , and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the be DEGREE 226 SIGNATURE 22c. DATE SIGNED

La tollants	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	6/101	15
22d. PHYSICIAN'S MAME (PPE OF PRINT)	22e_ADDRESS	117	
ELLICON S. LANGENA MO	6497 Invisorer (5 - 40)	COIL	141

Barton, 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE COUNTY Md. Burrial STATE Cedar Hill 6/14/85

DHMH - 16 60M 7/84

James A. Morton & Sons

24 FUNERAL DIRECTOR

1701 Laurens St.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Mrs. Iolita Mitchell 2402 Panther La.

SEX N AF IN NO. 10 A SEX NO. 10 e pet

1

168006

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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- 0			17.

100	1 -	REGISTRAR				CERTIF	ICATE OF DEA	ATH		REG. NO.			t.
		CEASED NAME OR PRINT)	FIRST		MIDDLE	CHO	OICE		2a DATE OF DE		DAY YEAR	2b. HOU	JR 30AM
	1.58)	F	V102	4 RACE	ick	5. DATE C	F BIRTH	YEAR 900	S. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS		M 24 HRS MIN.
17	1	STATE OR SOUNTRY) S.C.		76 CITIZEN OF	5. A	MARRIE	D NEVER MAR	RRIED T	PRIN	CE GEOR	TY OF DEATH	OF BUSINI	MD.
4	1	CHEVERLY		PRINCE	GEORGE	E'S GEN	ERAL HOSE		TYPE OF WORK FO	most of working	LIFE) INDUSTRY		
13	13a. S	AL RESIDENCE (IF NUR:	P. S	WIDDIE	GIVE RESIDENCE BE		13d INSIDE CITY YES NOTHER'S M	AIDEN NAM	5020 E	PRESS / ZIP CO	on Rel	14 AST	3
1	16a W	VAS DECEASED EVER YES. NO OR UNKNOWN)	(IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIALS		17. INFORMANT	, , , ,		ADDRESS 5 m cm r	113 13	E	
		18 CAUSE OF DEAT PART I. DEATH V Conditions, if any gave rise to im cause (a), stati underlying cause PART 2 OTHER SIG	VAS CAUSE IMMEDIA , which mediate ng the e last.	DUE TO, O DUE TO, O DUE TO, O (b)	R AS A CONSE	QUENCE OF	nesp.	am	est			XIMATE INTEI NONSET AND	DEATH
Z	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WH		N WAS PERFORM	ED	200 AUTOPS YES N	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES []	INGS USEI	TH?
7	MEDICAL	220. I certify that (I saw the decease above, (I) (we) (I the SIGNATURE) 22d. PHYSICIAN'S N	CAUSE OF DE ICAL EXAMINE RED HILE DRIK (Ithis hasp ised alive or dra) AME (TYPE O	ATH HOUR A. P. 21e PLACE (AT HOME STI	M. MONTH M. OF INJURY REEL FACTORY OFF	19 CE FARM.ETC)	22e ADDRESS 6492	ENDING SICIAN	de d	STAFF PHYSICIAN	count	, that (I) (
	,	URIAL CREMATION	, REMOVAL	23b. DATE	85	MI NAME OF C	EMETERY OR CRE	MATORY	23d LOCATIO	OWN ,	COUNTY	Mi	ZTE .
	124 EI	INTERAL DIRECTOR			400			1250 DATE	DEC'D BY DEC	CTD ADIOSE DEC	CTD ADIC CICALI	The second second	

DHMH - 16 60M 7/B4 (VRA 15, 4)

4.5. Washinston

4925 ADDRESS BURNE

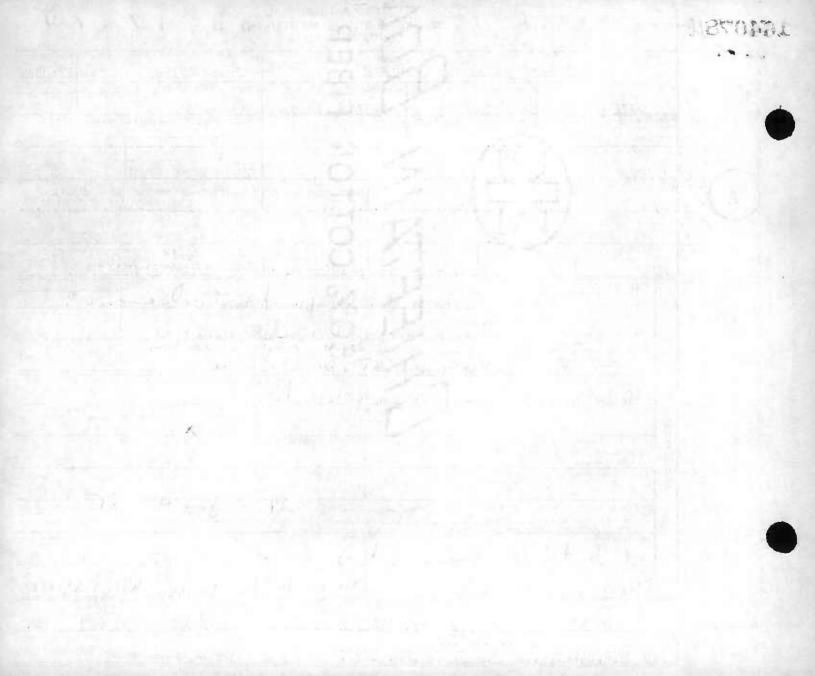
250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGN

THE COST RANGE STORY

500 UNIV. BLVD. W. . SILVER SPRING. MD. 20901

Time Davidson- Handalle

DHMH - 16 60M 7/84



16000 Annapolis Road

Bowie, Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

La Dairdson- Gardette

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

Beall Funeral Home

Miles Canonaina com. 18, 13 a Canonaina Material Line Corps Lorinon Doctors Lory tall to Section Section Harpland brings Dowley Dowley 12403 Shadow Lane 20115 entities steps Nation . entitle yes was seen sunt . First 1867-189-110 I WW see ZYMON A THE BUST A PAY NOT AS MIRES AT LITE. ASTALL AND STREET CONTRACTOR OF PRODUCTION OF THE PROPERTY OF TH Burich transfer June 15 1905 Jamericky viscous viscous Modinas Court Jamerickins

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with content of the formulation of the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely flood literatures the broad-transit permit. Then please remove carbon papers. Pages 1 and 2 mound be filled in this 72 four after the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
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MPORTANT:

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	7872
	PECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
1	Donald	Joseph	COLLINS	June 13,198	3:50 Am
3. 5	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	Caucasian	Oct. 12, 1933	51 YRS.	
/	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nash. D.C.	76 CITIZEN OF WHAT COUNTRY USA	? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	Prince Geor	TY OF DEATH
1	CITY OR TOWN OF DEATH Lanham	OCTORS HOSP	ITAL OF PRINCE GEO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CO Retired	12b. KIND OF BUSINESS OR
	UAL RESIDENCE (IF NURSING HOME OR ISTATE 136 COUN			13e STREET ADDRESS / ZIP COM	DE
Ma	aryland Princ	e Georges Bowi		3515 Maureen La	
14	FATHER'S NAME FIRST Patrick	MIDDLE LAST L. Collin	IS MOTHER'S MAIDEN N. FIRST Lill:	WIDDLE	Johnson LAST
7	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIATED IN MEDIATED IN	oly one couse per line for (a), (b), and by, and by, and by the CAUSE (a) DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c)	stage Congestion	Reart fair	approximate interval BETWEEN ONSET AND DEATH LUX noted in fartion
CERTIFICATION	190. DATE OF OPERATION	19b, CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\sime\) NO \(\sime\)
		NIII	OUR A.M. MONTH DAY YEAR		3 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	.FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an	tal) attended the deceased from	and that in (my) (our) apinior	death accurred on the date and ho	our and from the couses stated

THOMAS Y KO, M.D.

9131 Piscataway Rd., Clinton, Md. 20735

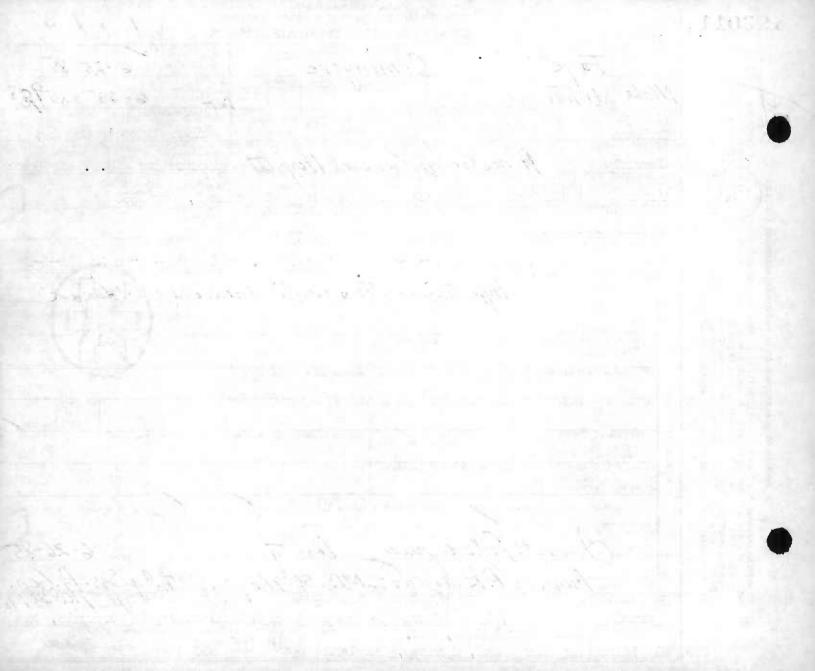
Tun 13,1985

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial Gate of Heaven Cemetery June 17 Silver Spring, Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 16000 Annapolis Road ina Davidson Randall Beall Funeral Home Bowie, Maryland

.ol Linder few berkent North and contract Danies Inches in 35th Hayrest Inne 189725 remember . F metical entitled . detward Donn Wileyson A Code Control Cond

						ATE OF MA				6140
* C	00011		FOR STATE		DEPARTMENT OF	HEALTH	AND MENTAL HYG	ENE	7 8 7	3
a Para day	7 () () Lat.		REGISTRAR	M	EDICAL EXAMII	NER'S CE	ERTIFICATE OF B	EATH REG. N	10.	1 1
	4588 E E		CEASED NAME FIR	Faye 0.	MIDDLE	1 0	omingore		ONTH DAY Y	EAR 26 HOUR
	20 M M M M M	{TYP	E OR PRINT) For Use	raye o.	Con	7/190		OF ESTI-	□ 6 -25 To 2	85
	REEE SE	3. SEX	4 RACE	5. DATE OF BIRT			DER 1 YR. IF UNDER 24 H		MONTH DAY	YEAR 24 HOUR
14	出版主题	1	106 1015	MONTH DAY	YEAR LAST BIRTH	DAY) AUNTHS	DAYS HOURS MIN	PRONOLINGED	1. 25	× 908
641	20000	1	we will	July 2,		YRS.		DEAD	6 40 196	30 10 M
	2000年1000	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	DXXXEVER MARRIED [9. BALTIMORE CITY	OR COUNTY OF DEAT	TH -
	BARREN	T	ndiana	USA		WIDOWE	D DIVORCED	Prince Ge	eorge's Cou	nty, MD
200	4 1 1	10. CI	TY OR TOWN OF DEATH		DSPITAL, NURSING HOA	AE, OR OTHER	R INSTITUTION 120	USUAL OCCUPATION (TY	PE OF WORK 126 KIND C	OF BUSINESS OUSTRY
	293#8 /H	C	heverly	HINCO	DONOS -	MONA	O THOSpiled	Administrato		ir Force
-	BEZON	USUA	L RESIDENCE (IF IN NURSING						7 4.D. 11	II TOICE
120	(\$9 1 59)(/)	13a S		ounty Bandera	Lakehills	1		STREET ADDRESS	2200 96	1999
0.2	THE STATE OF	_		anuera	1 rakeurii:			oute 3, Box	3368	
W	15/26/17	1	THER'S NAME	MIDDLE	LAST		IS. MOTHER'S MAIDEN N	WIDDLE	LAST	
34	ANS AND		harles Coming				Anna Yon			
IMO	N SISON V	16a. V	VAS DECEASED EVER IN U.S	, GIVE WAR OR DATES)	16b. SOCIAL SECUR	TY NO.	7. INFORMANT	ADDRES	S	
BALTIMORE	A SIGNATION AND A SIGNATURE A	Y	es M	WII/Korea	308-01-93	350	Dorothy S.	Comingore -	Same As #1	3-A-E
	WIT WIT		18 CAUSE OF DEATH (Ent	er only one cause per li	ne fay(a), (b), and (c).)	-	- Ha		APPROI	XIMATE INTERVAL
57	SE S	100	PART I DEATH WAS CA	AUSED BY:	ertensine an	deus	relustice a	ardio basco	clay douce	2
5	IN 24 IN ITE IN ITE ALON SIT PEI HYGIE		DAGA		OR AS A CONSEQUENCE					
PRESTON ST.,	AL H'S		Canditions, if any, v							
, ×	>= 4 2 5 2		gave rise to imme cause (a) stating the u		OR AS A CONSEQUENCE	OF				
201 V	A PEN V		lying cause last.	DOL 10, C	AS A CONSEQUENCE	Or			1 0 C 1 . I	
	D 2 3 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			(c)						
RECORDS,	D BE EXECUTED FENDING" IN PENDING" IN PENDING EXAMEDICAL EXAMED AS A BURIAL - CREMATION, C	z	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEA	IN BUT NOT RELATED TO THE TEL	MINAL DISEASE O	OR CONDITION GIVEN IN PART 1 Id	\$1,		
EC	MEL ASE	CERTIFICATION	19s. DATE OF OPERATION	Line conti	DITION FOR WHICH OPE	DATIONIA	C DEDECODATED 2		T-2	
	35 073.0	ΣĀ	198. DATE OF OPERATION	198. CON	DITION FOR WHICH OPE	KATION WA	S PERFORMED?		20 AUTC	DPSY?
¥	SHOUND ON TO FILE OF INTO FILE	Ē							YES	□ NO 🖟
, o	HE WOI HE WOU HI		UNDERLYING OR		OF INJURY .M. MONTH DAY YEA	AR 21c. HOV	W INJURY OCCURRED (E)	NTER NATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2}	
Z	SECONS	3	CONTRIBUTING CAUSE		M. 19					
DIVISION OF VITAL	CERTIF DED TO DEPAR 1 PRIO	MEDICAL	21d. INJURY OCCURRED	CYDECY C.	E OF INJURY (AT HOME,	21f. LOCA	ATION			
ā	THIS CER WARDED PAGE 3 SI STATE DEP 21201 PR	2	AT WORK AT WORK	E SINCEI, FA	ACTORY, FARM, ETC.)	218	KEET	CITY OR TOWN	COUNTY	STATE
	EXAMINER: CERTIFICAT ULD BE FOR DIRECTOR: (, WITH THE MARYLAND		27a I certify that I took	charge of the remains	escribed above, held an	Autopsy	Inspection _	J. Inquiry [_], o	and in my opinion	
	WE BELLE		death resulted from	Natural causes ,	Accident L, S	ovicide ,	Hamicide U	ndetermined manner		
	EXA CERT DILD DIRE WIT		ACTUAL ONLIN	KICK XX	Q' and	HAR	TITLE (SPECIFY)		0.175	31 00
	MEDICAL E CUTE THE C E 4 SHOU UNERAL I R DEATH, IMORE, N		SIGNATURE 199	42/11/1	various	M.D	frilly,	MEDICAL EXAMINER	SIGNED 6	<6 -85
	NEINE NEINE	1	EXAMINER'S NAME	10	06.0	1 10	d man o	1 441	1.5. 1	2 /
	SOO # EP	1	(TYPE OR PRINT)	ellsto Fil	-coricus	4/1/	DRESS 009 100	Busy Ch	1-m.B	CHO.
	52 4 5 A A	23a.B	URIAL, CREMATION, REMOV	AL 236. DATE	23¢ NAME OF CI	EMETERY OR	CREMATORY	d. LOCATION	Chouses / H	2014
07/84	BP		Burial	July 3, 19	85 Fort Sa	am Hous	ston Nationa	1 Cemetery.	San Antonio	o, Texas
25M				Funeral H			25a. DATE REC'D		SISTRAR'S SIGNATURE	
	OHMH - 17 (VR A15 ME 1663)	10	ld_Alexander			Marral at	D JUL O	5 1985 Jane	Levidson Rand	482
CA B	003.	V V	TO VIEVUINET	ICITY Wall	, CITILOII, I	THE Y LOL	III.	1000		



FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

7 8	3 7	14
	1 1	,

REG. NO.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1. DECEASED NAME	FIRST	WIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
(TYPE OR PRINT) William		Furman C		ones	June 1,	1985	645			
3. SEX	4	I. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	HS DAYS	IF UNDER 24 HRS		
Male		White	Sep	t. 3. 1904	80	YRS.	DATS	MIN.		
70. BIRTHPLACE (ST.	ATE OR FOREIGN 7	CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH			
Virginia		U.S.A.	WIDOWE		Prince Ge	orge's C	ounty	MD.		
IN CITY OR TOWN C	OF DEATH	1. NAME OF HOSPITAL, N	NURSING HOME		120 USUAL OCCUPAT	ON 11	2b. KIND O	F BUSINESS OR		
Greenbelt	1	Greenbelt N	ursing C	enter	Car Sales			ership		
III. STATE	13h COUNT		RIOWN		13e.STRFET ADDRESS	/ ZIP/CODE	linka 1	n.a. 00716		
Haryland	P.G	Mitc	hellvill	YES NO	3307 Lott	stora VI	sta,	Rd. 20/16		
FIRST	M		AST	FIRST	WIDDLE		LAS	iT.		
William		Con		Blanche	ADDR	FCC A 3 3	Redd			
160 WAS DECEASED		WAR OR DATES!	L SECURITY NO.	17. INFORMANT		ESS Addres		ne as		
No		2.78.00	3-3054	Mrs. Barbara	Dawson	No# 13				
18. CAUSE OF	DEATH (Enter only	y ane cause per lee far (a).	(b), and (c)			-	BETWEEN	MATE INTERVAL ONSET AND DEATH		
PARTI. DE			Earpelm	mary - ai	ure		33	della		
		DUE TO OR AS A GON	SEOLENCE OF	01						
Canditions is	Canditions, if any, which (b) Metadatic Cancinona involving Lungh									
gave rise to										
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF and liver (c) Heratic Failure									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
190 DATE OF C	A NIC C	19b. CONDITION FOR		monary L	280 AUTOPSY?	20b. IF YES, WE	EDE EINIDIA	NCS LISED		
S DATE OF C	PERATION	146. CONDITION FOR	WHICH WPERATIO	N WAS PERFORMELY		IN CERTIFYING				
TE .					YES NO	YES)	NO 🗆		
OR CONTRACTOR	VAS UNDERLYING DEAT	216. TIME OF INJURY HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)			
OR CONTRIBUTION	FY MEDICAL EXAMINER)	P.M.	19							
(IF EITHER NOTI		21e. PLACE OF INJURY		21f LOCATION	CITY OR TO	Dia/N	COUNTY	STATE		
WHILE AT WORK	NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	SIREEL	CITORIC		0001414	31816		
		al) attended the deceased	from Abn.	29 1985	to Dune	19_	85	that (I) (we) last		
		when the body after death		nd that in (my) (aur) apinian o	leath accored an the d	ate and haur and	d fram the	causes stated		
22h SIGNATU	RF (did) (did nat	whew the bady after death		DEGREE			22c. DAJE	SIGNED		
01			m		DIRECTOR PHYSIC	FF	11.	110-		
	N'S NAME ITYPE OR		,,,		DIRECTOR PHYSIC	IAN []	9	100		
				1220 ADDRESS G709	5 Baltim	ne bon	l-ev	and		
CHIL	v- ethu	AN HSU		Collage pa		ey and	1 20	0740		
23a. BURIAL, CREMA		23b. DATE		EMETERY OR OFEMATORY	23d LOCATION CITY OR TOWN	0	YINU	STATE		
Bu	rial	June 4,1985	Ft. Lin	coln Cemetery	Brentwoo			Maryland		
24 FUNERAL DIRECT			NOBECC		REC'D. BY REGISTRAR	256 REGISTRAR	SSIGNAT	URE		
F. Gasch	s Sons F.	H. P.A. Hyaf	ttsville.	Maryland	V 5 1085	Tiona Davis	bon-A	ander		

DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	至于	*
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	9.0	
_	ENDING PHYSICIAN. The faw requires that the death certificate be executed within 24 hours of tall an attending physician.	OR. After this certificate has been signed by the attenting physician and completely red to y

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

Lika Davidson-Randell

	1 -	FOR STATE REGISTRAR	DEPAR		FICATE OF	MENTAL HYG DEATH	REG. NO.	0 4	, 3	
		CEASED NAME FIRST	MIDDLE	WIDDIE			20. DATE OF DEATH MONTH D	AY YEAR	26 HOUR	
	(11PE	YPE OR PRINT) Gerald			abbe		June 16, 1985	;	12:4	0р м
	3. SE >	X	4 RACE	S. DATE O	OF BIRTH	YEAR		ONTHS DAYS	IF UNDER	24 HRS
1	1	Male	Black	6	25	33	51 YRS.	JAIN JAIN	TICONS	1011114.
L	a. Bil	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	/? 8.	D NEVER	MAPPIED	9 BALTIMORE CITY OR COUNTY	OF DEATH		
1	1	PA	USA	WIDOW		NORCED K	Prince Geroge			MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME	OR OTHER INS	TITUTION	12a, USUAL OCCUPATION	12b. KIND C	OF BUSINE	SSOR
7		Laurel	Greater Laurel		ville H	ospital	THEOR WORK TOK MOST OF TOKKING LIE	INDUSTRI		
P		STATE 13b CC	REOR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY Prince CITY OR TO eorge Laurel	WN	134 INSIDE	ITY LIMITS?	130.STREET ADDRESS / ZIP CODE 14800 4th St.	2(0707	
H		ATHER'S NAME				S MAIDEN NA				
	2	Engleman	Crabbe			eanett		Jackst	ว์n	
1	13	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (# YES	ARMED FORCES? 166. SOCIAL SEC 5. GIVE WAR OR DATES! 207 – 22 –		Jame		e 704 North Fro	ont Sf	t.	
1	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQ	UENCE OF	Ho Ho I NOT RELATE	Can And Calgillian Atri	inal disease or condition give	MIN PART IN UTCOM	yee.	eli.
1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERF	DRMED		WERE FINDI		TH?
1	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.M. MONTH	DAY YEAR		NJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	21f LOCATI	ON	CITY OR TOWN	COUNTY		STATE
		saw the deceased alive	aspital) attended the deceased frame on 19 d not new the body after death.	15-00	DEGREE	ATTENDING	death accurred an the dare and hour		sthat (I) (secauses stored) SIGNED	
		22d. PHYSICIAN'S NAME (T			22e ADDRE		8 6		t	
	23a. B	BURIAL, CREMATION, REMO (SPEC'B'Urial	VAL 236 DATE 236 6/22/85 B	lue R	idge	CREMATORY Mem. G	ardens Harri	sbura	-	TATE
	24. FU	UNERAL DIRECTOR				25e. DAT	E REC'D. BY REGISTRAR 25b. REGISTR			•

1101 E. North Ave.

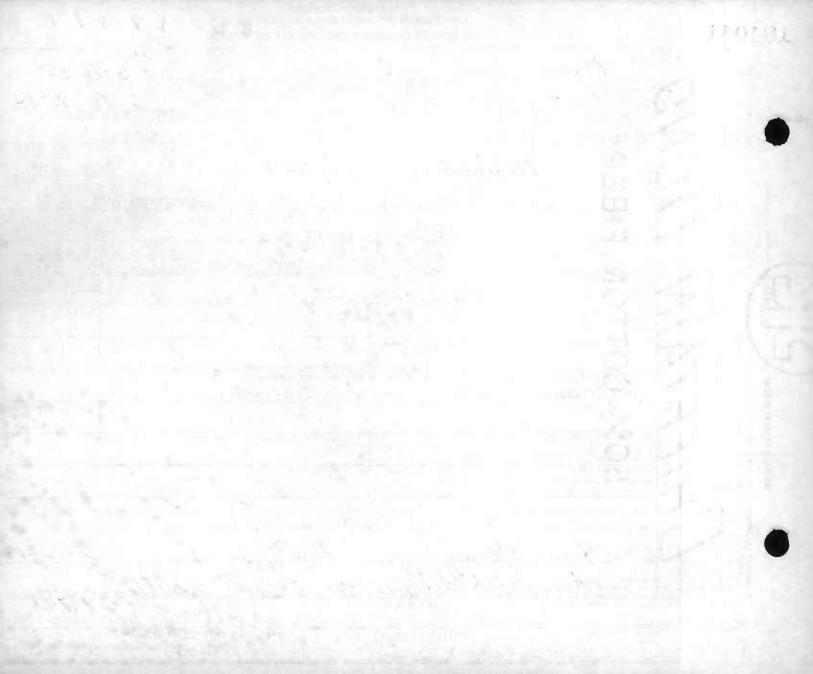
DHMH - 16 50M 4/83 (VRA 15, 4)

Wm. °C. March F/H



0.4044	1	FOR			DEPARTMENT OF					78/	/
184041	'-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF BEATH REG. NO.							:-4	
		CEASED NAME	FIRST		WIDDLE	4	LAST	Za. DAT	E KNOWN	DAY YEA	R Zb HOUR
3442E	(177	E OR PRINT)	azie	Jan	e l	um	mings	OF DEA	ESTI-	6-16108	5
전 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	3 SE	4 RA	CE	5 DATE OF BIRTH			IDER 1 YR. IF UNDER			MONTH DAY YEA	AR 2d HOUR
N 22 28 28 28 28 28 28 28 28 28 28 28 28	Fi	male 4	hete	April 2		1110717	HS DAYS HOURS		AD /	6-16 1.8	5 8A.
- あるこを記/		RTHPLACE (STATE OR			HAT COUNTRY?	18	ED NEVER MARRI	9. BALT	IMORE CITY OR	COUNTY OF DEATH	1070 11
SHOPE		reign country)		Inited	States		ED TO DIVORCE	-	nce Ge	orge	440
SHAR S		TY OR TOWN OF DE	ATH		SPITAL, NURSING HOA		4.4	120. USUAL OC	CUPATION (TYPE C	DE WORK 12b. KIND OF	BUSINESS
ALA BA	10	xon Hill		1313.	action fue	wil.	Ant 601	House	working life)	OWN I	
- SENERGO	USU	L RESIDENCE (IF IN N				SION)	1			2070	1
AND		ryland	Pr (eorge	Oxon Hi	11	YES NO	13e. STREET AD	Souther:	n Ave #6	601
ON PRINCE		THER'S NAME					15. MOTHER'S MAIDE				
	0	Joseph		WIDDLE	Marshall		Mary		MIDDLE	Dove	
NO A STATE OF	16a. \	VAS DECEASED EVE			16b. SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRESS		
BALTIMORE S AFFR DEA GIVE PACES TITH FORMER PACES OF DEA ONSIGN OF	N	ES, NO, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	578-12-3	3836	Barbara	Snare	_	Foxfire 1	
8 8 8 8			TH (Enter an)	v one cause per lin	p (a), (b), and (c)	7030	Darbara	Diracc	Naple	APPROXIM	33962
W. PRESTON ST. VWITHIN 24 HO. FENCIL IN TEM 18 MINER ALONG TRANSIT PERMI	-	PART I DEATH V	VAS CAUSED	BY:	audion	work	atty			BETWEEN ON	NSET AND DEATH
TO T		100	IMMEDIAT		R AS A CONSEQUENCE		1				
HIN SI HIN	-	Conditions, if				/ /					
W. PRESTON VWITHIN 24 VENCIL IN ITE MAINER ALON TRANSIT PE INTAL HYGIE OR REMOVA		gove rise to couse (o) statin		DUE TO O	R AS A CONSEQUENCE	OF					
201 UTED IN P EXAL- ON, C		lying cause lost	1.	(1)							
		PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TE	PARIO DISEAS	F OR CONDITION GIVEN IN PAI	PT 1 res			
DIVISION OF VITAL RECORDS, SCETIFICATE SHOULD BE EXECRITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL RE SHOULD BE USED AS A BUIL E DEPARTMENT OF HEALTH AND OF PRIOR TO BURIAL, CREMATION OF PRIOR TO BURIAL CREMATION OF PRIOR TO BUR	N	Buche	leura	en o	Thelean	4		whose	No.		
RECO	MEDICAL CERTIFICATION	19a. DATE OPER	ATION	196. COND	ITION FOR WHICH OPE	RATION W				20 AUTOP	SY?
SHOULD SH	유	14		3						YES C	
ON OF VIT	1 1	21a EXTERNAL CAL	JSE WAS	216 TIME C		21c. H	OW INJURY OCCURRE	D (ENTER NATURE O	F INJURY IN ITEM 18 PA		NOZE
ONO THE ON TO THE OR TO	N N	UNDERLYING CONTRIBUTING	OR CALISE OF I		M. MONTH DAY YEA	AR .					
CERTIFING DED TO SEPARED TO PRICE TO PR	Se	21d INJURY OCCUP	RRED	21e PLACE	OF INJURY (AT HOME,		CATION				
DIVIS THIS CER! WARDED PAGE 3 SI TATE DEP	×	WHILE NOT	WHILE C	STREET, FAI	CTORY, FARM, ETC.)	S	TREET	CITY OR	TOWN	COUNTY	STATE
W ~ V		AT TOM	VORK								
EXAMINER: CERTIFICAT ULLD BE FOR DIRECTOR: VINTETTHE MARYLAND					ecribed obove, held an	Autop				in my opinion	
EXAMI GERTIFI JUD BIE DIRECT WITH		death resulted from	m: Natur	ol causes 🗐,	Accident 🔲 , S	vicide	, Hamicide L.	Undetermined	manner,		
CAL EXA SHOULD SHOULD SATH, WIT	1	ACTUAL C	110000	200			TITE (SPECIFY)			DATE / ~	11-95
DIE THE A SHOUL NORE, N	1	SIGNATURE	Jun	-chiper	- Comment	M	Drypury	MEDICAL EX	AMINER	SIGNED	E - 10
MAC A LONG		EXAMINER'S NAME	Aura	STOPK	drieug	2. 10	KORESS 500	Paul	bushar	6 12 5	Ter a
TO MEDICAL EXECUTE THE PAGE 4 SHO PAGE 4 SHO ATTE FUNERAL BALTIMORE,	73a B	URIAL, CREMATION,			23c NAME OF C			23d. LOCATION	all my C	in the	11.6
	(:	urial		9June85			is Church	CITY OR TOWN		COUNTY 4	Md.
07/84 BP		UL LAL UNERAL DIRECTOR	1,1		Cui+land			RECAD. BY REGIST	RAR 25b, REGIST	RAR'S SIGNATURE	j Fid.
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STATE OF MARYLAND



Riverdale, Maryland

Chambers Funeral Home

4739 Baltimore Avenue, Hyattsville, Maryland

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STATE OF MARYLAND

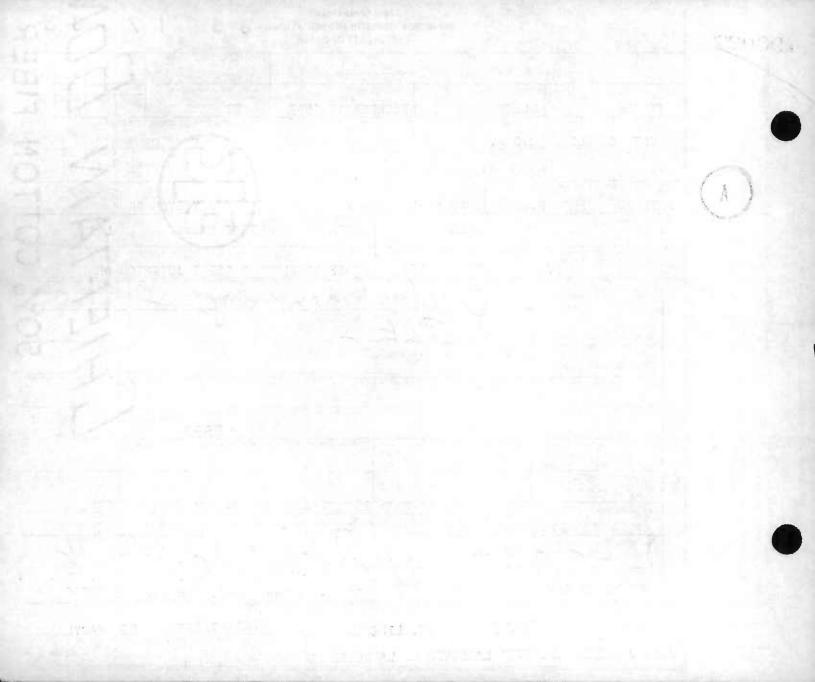
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 160099 DECEASED NAME KNOWN A MONTH (TYPE OR PRINT) Wi-11ard Amon Davis DEATH MATED 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. JE UNDER 24 HRS 2d. HQUR 2c. DATE LAST BIRTHDAY) PRONOUNCED Male 12 56 YRS White 04 1928 Ta BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED Washington, D.C. Prince George's County U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK ROCK OCHEWES Truck Driver Beverage Co. Greenbelt 24 G Ridge Road 136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 24 G Ridge Road 20770 Maryland P.G. Greenbelt YESX NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Suthard Bell David Davis Rosa Amon 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS 577-32-7499 Dorothy C. Davis (Wife) Same as 13e Yes Korean 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (e):) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF casculer ducare Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC. 1 CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on deoth resulted from: A Notural couses Accident Homicide Undetermined monner XAMINER'S NAME 23¢ LOCATION COUNTY 6/6/85 Burial Maryland Veterans Cem. Cheltenham Maryland P.G. 07/84 25a. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE Francis Casch's Sons Funeral Home, P.A. **DHMH - 17** Tiera Davidson-Randalle (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND



1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5	17883
REG. NO	ONTH DAY YEAR 25 HOUR
(TYPE OR PRINT)	26 1985 6:30A M
3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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NORTH CAROLINA U.S.A. WIDOWED DIVORCED PRINC	CE GEORGE'S MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LANHAM DOCTORS HOSPITAL OF PR. GEO. CO.	
LANHAM DOCTORS ' HOSPITAL OF PR. GEO. CO. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 130.STREET ADDRESS / UPPR MARLBORO YES X NO 11201 JOYCE	
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160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRÉS	S
N/A \$77-64-8755 JAMES DEBEUNEURE 11201 J	
18 CAUSE OF DEATH (Enter only one cause per life for (a), (b), and consider the part I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONTEQUENCE OF	
Canditions, if ony, which gover rise to immediate cause io), stating the underlying cause last.	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND	ITION GIVEN IN PART 110
196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES YES 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY)	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
S.E. E. C.	IN ITEM 18 PART I OR PART 2)
	N COUNTY STATE
220.1 certify that (1) (this hospital) attended the deceased from June 18, 19, 85, to June 26 saw the deceased alimination of the data of	, 19 <u>85</u> , that (1) (we) lost e and hour and from the couses stated
No SIGNATURE DEGREE	more you
THE ADDRESS AMI DOCTORS' HOSE MONIRA RIFAAT, M.D., PATHOLOGIST 8118 Good Luck Road, Lan 220 BUBBA CERNATON BENOVAL Lab DATE 221 BUBBA CERNATON BENOVAL Lab DATE 222 BUBBA CERNATON BENOVAL Lab DATE 223 BUBBA CERNATON BENOVAL Lab DATE 224 BUBBA CERNATON BENOVAL Lab DATE 225 BUBBA CERNATON BENOVAL Lab DATE 226 BUBBA CERNATON BENOVAL Lab DATE 227 BUBBA CERNATON BENOVAL Lab DATE 228 BUBBA CERNATON BENOVAL Lab DATE 228 BUBBA CERNATON BENOVAL Lab DATE 238 BUBBA CERNATON BENOVAL LAB	PITAL OF PR. GEO. CO.
(SPECEF)	COUNTY STATE
BPBURIAL 7/1/85 FT_LINCOLN BRIGHTSEAT	PG MARYLAND
DHALL 14 4044 7/84	: Waydson-Rondall



executed within 24 hours after

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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REGISTRAR							REG. NO.			
DECEASED NAME	FIRST		WIDDLE	LAST		2a DATE	OF DEATH M	ONTH DA	YEAR	2b. HOUR
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. SEX		4. RACE		5. DATE OF I		6. AGE (II	YEARS LAST BIRTHE		ONTHS DAYS	IF UNDER 24
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Ohio		U.S	.A.	WIDOWED			ce Geor	ge's	County	
O. CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME OR	OTHER INSTITUTION	12a USUA	LOCCUPATION	V	12b. KIND C	F BUSINESS
Cheverly			o. Gen.		1		Refrig.			orce
SUAL RESIDENCE (IF		ROTHER INSTITUTION	, GIVE RESIDENCE BEFOR	RE ADMISSION)				_	1	
30. STATE	13b COU	G.	Glenn D		d. INSIDE CITY LIMITS		9 Glenn		Road	20769
FATHER'S NAME					MOTHER'S MAIDEN			Duze		
Paul		MIDDLE	DoCarr	mo	Lila		MIDDLE		II o ze b	
Paul No WAS DECEASED E	VER IN U.S. AF	J.	DeGari		INFORMANT		ADDRES:	55A Z	Hart ress S	
(YES, NO OR UNKNOWN	(IF YES, GI	VE WAR OR DATES)	296-03-	the same of the sa	Mrs. Virgi	nia D	DeCommo	715	# 13.	wine as
			r line for (a), (b), or		MID! ATIRI	iita V.	Decient Mo	110		MATE INTERVA
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DHMH - 16 50M 4/B3 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re IMPORTANT: If Hem 21 is marked of them 18 shaws any injury, ar other traumatic

TO FUNERAL DIRECTOR: After this certificate has

24 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

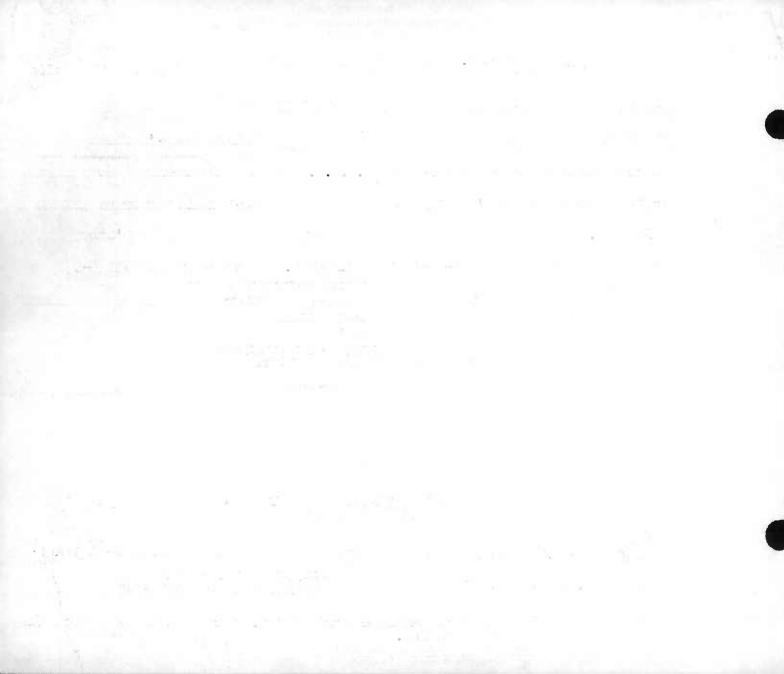
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663 Old Alexander Ferry Road, Clinton, Maryland

(VRA 15, 4)



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20	SAN		In the state of th										
RECORDS, 201 W.	AAR BEE		PART 2 OTNER SIGNIFICA	ANT CONDITIONS CO	DATRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	OR CONDITION GIVEN IN	PART I (a).				
8 %	SESSES.	S S				ALCOHOL:							
M 000	THOIL T	13	19s DATE OF OPER	TATION	19b. CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPSY	?	
DIVISION OF VITAL	88255	CERTIFICATION			710						YES 🗆	NO A	
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E 50	P S S H S	E	AT WORK AT	WORK []	SIREET, FACTO	ORY, FARM, ETC.)		IMEEL	CITY OR TOWN	4	COUNTY	STATE	
7	PAN		77/11	- Committee				П.	tion X, Inquiry	v			
10 X	PS SEE				_X	ribed obove, held on			1		opinion		
3	音楽を		death resulted fro	m: Naturol	I causes [],	Accident,	Suicide L	, Homicide	Undetermined mon	ner L.			
1	85258		ACTUAL /	78110	MAY	De in	101	Deputy		DAT	E 6/19/	1985	
3	SEAT SEA	1	SIGNATURE	Here	my /	enge	M	.D	MEDICAL EXAMI	VER SIGI	VED		
9	CUTE THE CERTIFICATE A SHOULD BE REFUNERAL DIRECTO	100	EXAMINER'S NAM	E /Alion	eto Pikod	riguez, M	D	5009	Rayburn Ct.	Temple	Hills I	Md	
0	SACHA -	100	(TYPE OR PRINT)	The second second						, rempre	111110		
	mr H 4 m	7.00	URTAL/CREMATION	MEDICAL PROPERTY AND PERSONS ASSESSED.		23c. NAME OF C			23d. LOCATION CITY OR TOWN	cc		TATE	
07/84 E	3P	24 6	UNERAL DIRECTOR	6	26/85	CHELTE	NHAM	VETS. CE	M. CHECTEN TE REC'D. BY REGISTRAR	TAM P. C	SIGNATURE		
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"1710 - sright-312 60th St. N.E.34

DHMH - 16 60M 7/84

(VRA 15, 4)

G.P. Kalas F.H. 6160 Oxon Hill Rd.

4 FUNERAL DIRECTOR

Oxon Hill. Md.

Suitland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Pr. Geo.

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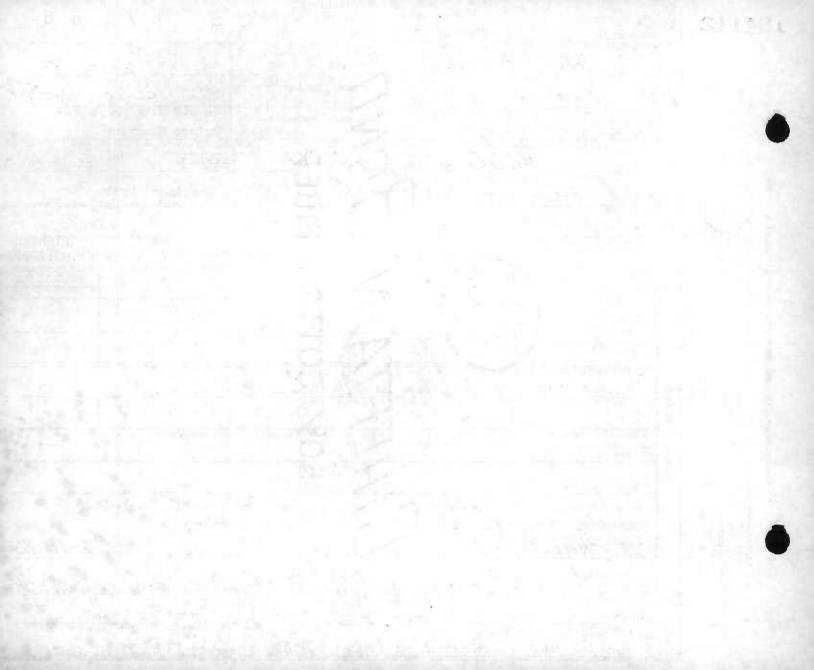
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35								MARYLAND				din all
	184112	11.	FOR STATE		D	EPARTMENT	OF HEALTH	AND MENT	AL HYGIENE	5 1	7 3	8 8
	よび次よぶん	1.	REGISTRAR		MED	DICAL EXAM	AINER'S	CERTIFICAT	E OF DEAT	H REG.	NO.	
			CEASED NAME	FIRST		MIDDLE		LAST	2a	DATE KNOWN		DAY YEAR 2 25 HOUR
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	SSESE	3. SE	V 14 0A		DATE OF BIRTH						6-1	3 19 83 M
	로마~ SES	I IA	m . V		MONTH DAY		(IN YEARS IF UN		DER 24 HRS. 20	DATE	MONTH	TEAR 28 HOUR
à	Sycope /	1/	Tale Di	ECIC	12 22	20 64	YRS.			DEAD (0-15	1980 PM
3	2011年2日	7a B	IRTHPLACE (STATE OR	7 b	CITIZEN OF WH	AT COUNTRY?	8 MARR	IED NEVER M	APPIED X	BALTIMORE CITY	OR COUNTY	OF DEATH
	SZ SZ Z				U.S.A.		WIDOW			Prince Ge	oorgoe	
	SES ST	10. C	shington,I		NAME OF HOSE	TAL NURSING F		ER INSTITUTION		LOCCUPATION (1		h KIND OF BUSINESS
	PAGE PAGE	1		1	AN HOT HI SUCY TO	HERY, GIVE STREET	ms 01	124'41	FOR MO	ST OF WORKING LIFE)	3 3 4 1	OR INDUSTRY
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	2 223		STATE	1136 COUNTY	ST. SWINSHAW	IN CITY OR TO	WN-	INSIDE CITY LIMI	ISP 13e_SIREE	T_ADDRESS		7074%
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	O TOTAL	14. F	ATHER'S NAME					15. MOTHER'S M	AIDEN NAME			
		TITA	FIRST	- M	AIDDLE	Dines		Charo	llete	MIDDLE	(Gross
	ALTIMORE AFTER DEA SIVE PAGE TH FORM P AGES 1 & VISION OF		Illiam WAS DECEASED EVE	R IN U.S. ARMEI	D FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRE	SS	Clinton
	JRS AFTER S. GIVE PAWITH FOR DIVISION	-0	YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR	R OR DATES)							Ct.Md120735
	BAR GIV IVIS		No.			217-12-1		James H	awkins (Nepn/1240	TIOVE	CL.FIG. 20793
	1. N. W. W. H. W.		18 CAUSE OF DEA	TH (Enter anly a WAS CAUSED B	ine cause per line f	ar (a), (b), and (c)	.)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	N ERN		TAKITOLATIT	IMMEDIATE C		verno	medi	THE			78	
	HIN 24 H L IN ITEA R ALON NSIT PER MOVAL				DUE TO, OR	AS A CONSEQUEN	NCE OF					
	ER ER ER		Canditians, if									
	NATAN W		gave rise to cause (a) statin		DUE TO OR A	AS A CONSEQUEN	VCE OF					
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		35	DIOT O OTHER CLOSUS		(c)							
86	RECORDS TD BE EXECUTE PENDING** MEDICAL O AS A BUILEALTH AN IEALTH AN CREMATI	-	PART 2 OTHER SIGNIFICA	NI CONDITIONS CON	TRIBUTING TO DEATH BE	UT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN	IN PART 1 (a)			and the second s
	L RECORI UID BE EX PENDIN FF MEDIC ED AS A B H HEALTH A	CERTIFICATION	Commo		nusury	Julius	nary C	urease		March 1979		The same of the sa
		3	190. DATE OF OPER	ATION	196. CONDITI	FOR WHICH	OPERATION W	AS PERFORMED?			- In many to	20 AUTOPSY?
	子の子がある	Ė		4 mg 4			V			13(0)	1000	YES NOT
	OF V	1 #	210 EXTERNAL CAL	JSE WAS	216. TIME OF		21c. H	OW INJURY OCC	URRED LENTER NA	TURE OF INJURY IN ITEM	18 PART 1 OR PART 2	
	N SECOND		UNDERLYING CONTRIBUTING	OR OF DEA			YEAR					
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	S CER RITIN RDED XE 3 S TE DEF	ME	WHILE NOT AT A	WHILE		DRY, FARM, ETC.)		TREET		CITY OR TOWN	COUNT	TY STATE
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	ATE. PATE. 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		22a. I certify that	I taak charge a	f the remains desc	ribed abave, held	an · Autap	sy Inspi	ection .	Inquiry .	and in my apını	an
46	EXAMINER: EXAMINER: LID BE FOR DIRECTOR: WITH THE SARYLAND,		death resulted from	m: Natural c	rauses /	Accident .	Suicide .	, Hamicide [nined manner]	
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	E O O E A O	23¢.B	URIAL, CREMATION,	REMOVAL 736	DATE	23c NAME OF	CEMETERY O	RCREMATORY	23d LOC.	ATION	COUNTY	1 10148
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UN 6 1985 PATE REC'D. BY REGISTRAR'S SIGNATURE.

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JA OF GOLLE		REGISTRAR				CEKTIF	CATE OF	DEAIN		REG. NO.		la la			
		CEASED NAME	FIRST	^	AIDDLE	U	151		20 DATE OF DI	EATH MONTH	DAY	YEAR 2b	HOUR		
noy be page 3 r death	[1111]		Mild:	red Mary	DIVVER				June 1	, 1985		8	:05p. M		
pod pod	3 SEX			4 RACE		5. DATE O		Comp. J.	6 AGE (IN YEAR				UNDER 24 HRS		
s oft		Female		Whi	te	Oct.	12	1912	72	YRS	MONTHS?	DAYS HO	DURS MIN.		
Pog dire		RTHPLACE (STATE OR F	OREIGN	16. CITIZEN OF	WHAT COUNTRY?	8	NEVER		9 BALTIMORE	CITY OR COUN		ATH			
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do the do	JD. CITY OR TOWN OF DEATH Lanham OSUAL RESIDENCE (# NUR Maryland				1 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION					120 USUAL OCCUPATION 126 KIND OF BUSINE					
and the second s					(IF NOT IN SUCH FACILITY, GIVE STREET AD DOCTORS HOSPITAL SIVE RESIDENCE BEFORE AD			eo. Co.	(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker			own home			
19 B4					13c. CITY OR TOW Wheaton	N	13d INSIDE (CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 12710 Feldon Str		DDE		2090		
9 9		THER'S NAME	*1011	tgomery	Micacon			S MAIDEN NA							
ed with	Clarence				Kelp	У		Edna	E	lizabeth	ı	Wrig	ght		
d co	160. W	AS DECEASED EVER			166 SOCIAL SECU		17. INFORMA	ANT		ADDRESS					
De ex	THE WAS DECEASED EVER IN U.S				78-88-47	1 John	Divver-s	son-(sam							
ysicio operivol. nt, the		18 CAUSE OF DEATH	H (Enter or	nly one cause per	ling for (a), (b), on	dic ii	0.	1	1		-8	APPROXIMAT	E INTERVAL ET AND DEATH		
g ph on p		PARTI, DEATH W		TE CAUSE (a)	Javor	oc.	CAY	125/				F1 13			
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signe signe hen p to bur hjury, a	z	ART OTHER SIGN		_	INTRIBUTING TO I	DEATH	NOT RELATE	TO THE TERM	INALONE	IR CONDITION	GIVEN IN	PART IIa			
been been prior to ony inj	IS	19a DATE OF OPERA		reoma	TION FOR WHICH	0000000	WAS PERFO	-61	20a AUTOPS	V2 / 20h IE	VES MEDI	E FINDINGS	CLICED		
	CERTIFICATION	DATE OF OPERA	IOIA	176 COND	HON FOR WHICH	0	WAS FERF	DRMED				CAUSES OF			
hysicia icote Hygie Hygie	ERT	21a. ACCIDENT WAS UNE	ERLYING	216. TIME O			21c. HOW II	NJURY OCCUR	RED (ENTER NATUR				.0 []		
SICIAN pg phy certific virial-tre entol if them 18		OR CONTRIBUTING		AIN	M. MONTH D	AY YEAR									
PHYSICIAN: The ending physicial physicial this certificate the burial-transit and Mental Hygies of or item 18 step	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		21f LOCATI					UNIY	STATE		
G PHYSICIAN: The otherding physician er this certificate has the buriol-transit p and Mental Hygien ked or frem 18 show	W	WHILE NOT WH	KE -	AT HOME STE	EET, FACTORY, OFFICE, F	ARM ETC)	STREE			CITY OR TOWN	to		STATE		
or or se of the months and the second the se		22a.1 certify that (1)		ital) attended in	ceased fram_		5-6	19 83	, to	6-1	, 19_2	D , tho	t (1) (we) last		
ATTEN Spital SCTOR d for un		saw the decease			19_19_	83 or	d that in (my) (aur) apinion	death accurred o	on the date and i	hour and fr	rom the cau	ses stated		
hos hos ept.		226. SIGNATUS	10	P. 1			DEGREE		/		22	c. DATE SIC	NED_		
AL CAL Detoc		1Us	acti i	1	500 m	2			DIRECTOR [STAFF PHYSICIAN	6	3-2-	30		
HOSPITAL ined by the FUNERAL wild be det he the Store to ORTANT:		22d. PHYSICIAN'S NA		DR PRINT)	102.		22e ADDRE	SS	. 1.1.00	2-0	100	Free	, held		
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote IMPORTANT:		MEHIE	/	rtk	IKLIN		1525	TANA	nway !	CK'D	R. (1	//	wel.		
7 6 F≥ 2 ₹ 1	23a. B	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	June 4	1985 F	Ort I	EMETERY OR	Cemete Cemete	23d LOCATE	ntwood	Proud	George	es Md.		
BP	100	Duriar		Parie 4	, 1703	OLL II	THEOTH	Jenne be	1 210						

11800 N.H. Ave.,

Silver Spring, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Hines Akinaldi Funeral Home

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of
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4	TO HOSPITAL OR ATTENDING PHYSICIAN: The Interiored by the hospital or ottending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached for use as the burial-transit permit. Then please remove carbonpopers. Page, I and 2 shadid be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, the medical experi

IMPORTANT: If them 21 is marked or them 18 shows any

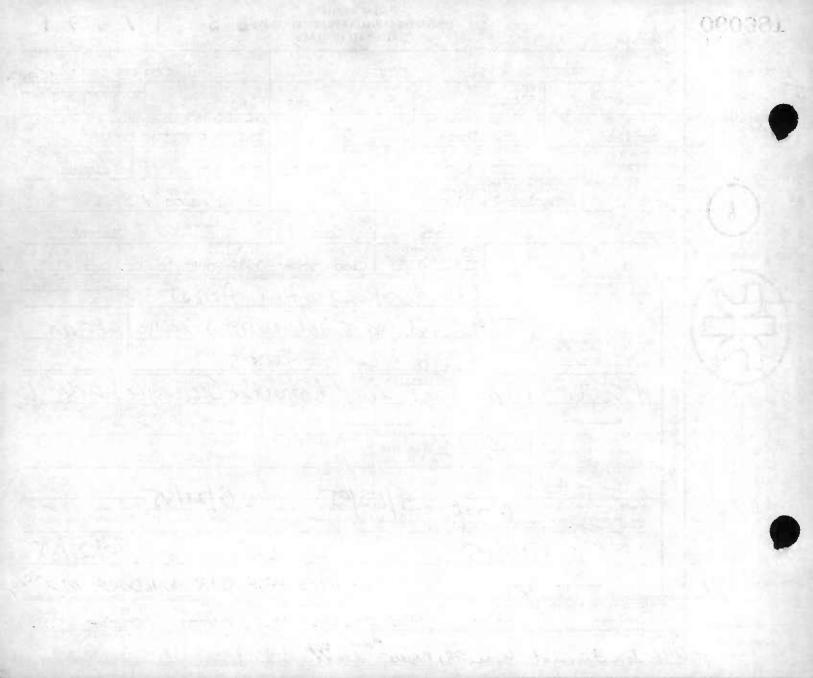
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2			0	3	U
REG	NO.				-

	1-	FOR STATE REGISTRAR		DEPARTA		ICATE O	D MENTAL HYG F DEATH	SIENS	REG. NO	17	8	0	
4	T. DEC	CEASED NAME FIRST		WIDDLE	-	LAST		2a DATE			AY YEAR	2b. HOU	R
1	(TYPE	OR PRINT) Raym	ond Ed	lward	Do	nohue	Sr.	2018		5	1 85	610	PM
	I. SEX		4. RACE		S. DATE C		YE AR	6. AGE (II	YEARS LAST BIRTH		ONTHS DAYS	IF UNDER	24 HRS MIN.
		Male	Whi	te	6	12	08		76	YRS.			
No.		RTHPLACE (STATE OR FOREIGN Shington, D.C.	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE		R MARRIED DIVORCED		ince Ge				MD.
1		verdale, Md.	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET nd Memori	ADDRESS)	OR OTHER II	NSTITUTION	TYPE OF WO	LOCCUPATION OF LCian		12b. KIND C INDUSTRY Band		SSOR
2	USUA	RESIDENCE (IF NURSING HOME OF TATE TYLAND	ROTHER INSTITUTION NTY G.	GIVE RESIDENCE BEFORE 13. CITY OR TOW Hyattsvi	11e	YES X	E CITY LIMITS?	3621	T ADDRESS / Farra	ZIP CODE gut S	treet	2078	32
1	14 FA	THER'S NAME Charles	MODELE H.	Donoh	ue	15. MOTH	er's maiden na Minnie	ME	WIDDLE		Whi	re e	
	16a W	AS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFOR	MANT		ADDRES	S			
	(A	ES, NOORUNKNOWN) (IF YES, GI	VE WAR OR DATES)	579-07-6	5500	Doro	thy F. I	Donohu	e (Wif	e) Sa	me as 1	.3e	
1		18 CAUSE OF DEATH (Enter of	nly one couse pe	r line for (a), (b), and	d (c).)							MATE INTER	VAI DE ATH
		PART I. DEATH WAS CAUSE	D BY:	ACUT		myno	ARDIAL	IN	FARCT	100		DAY	
		IMMEDIA	TE CAUSE (o)			.,,,,	711-12-11-1			12.7			
		Conditions, if any, which	DUE TO, C	RAS A CONSEQUE	ROS	CLER	0515				UN,	KNOI	WN
	73	gove rise to immediate couse (a), stating the	(0)			,	0 0 0		DE N				
1		underlying couse last.	DUE TO, C	R AS A CONSEQUE	INCE OF								
		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELA	TED TO THE TERM	AINAL DISEA	ASE OR COND	ITION GIVI	EN IN PART II	a.	
	Z	CEREBRALVI											
1	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PER	RFORMED		TOPSY?	IN CERTIF	, WERE FINDI	OF DEAT	TH?
	RTI		7 211 71145	SE IN LIFE IDA		121- 11014	INTERPRETATION OF CHIEF	YES [YES		NO [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		.M. MONTH D	AY YEAR	ZIE. HOW	INJURY OCCUR	KED (ENTER	NATURE OF INJURY	IN ITEM 18 PA	ARTTOR PART 2)		
B	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		.M.	19								
	WED	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCA	REET		CITY OR TOW	M	COUNTY	S	TATE
		AT WORK NOT WHILE AT WORK	412.0			1							
	100	22a.1 certify that (1) (this hasp		_ / ,	25-	3/	19 85	, to	5-/	1	19_83.	thot (1)	we) lost
		saw the deceased alive or obove.(II)(we)(dig)(did no	ot) view the body	ofter death.	0 2 , 0		ny (our) opinion	death accur	red on the dot	e ond hour			oted
		22b. SIGNATURE	20	. /		DEGREE	ATTENDING.	MEDICA	L STAFF		22c. DATE	SIGNED	
1		Gerald	a Ker	nstage	n /	MD	PHYSICIAN	DIRECTO			5/	1/8	5
		27 PHYSICIAN'S NAME (TYPE	OR PRINT)	0		22e ADD					-		
		JERALD A. RI	INSHAG	EN		1440	4 QUEEN			RIV	ERDAL	E, M)
	23a. B	URIAL, CREMATION, REMOVAL					OR CREMATORY	C	CATION ITY OR TOWN		COUNTY	5	TATE
	L '	Burial	5/4/8	5 Ft	. Lin	coln	Cemetery		entwood	1 J	G. M	ary1	and_
	24 F	ineral director Gasch's	Sons Fu	neral	e. P	Δ		TE REC'D. BY	REGISTRAR 2	256. REGISTE		URE	
	4	739 Baltimore A	venue H	vattsvill	e. Md	207	81 MA	AY 8	1985	richard)	avidson-1	andel	2
					2 6 6		V.1						

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



30	980		FOR - STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	7	8	9 2
			CEASED NAME	FIR5T		MIDDLE	L.	AST	20. DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR
A.	/	Civi		James	Due	iley	EAD	5	June	25,19	85		12:22Am
4		3. SE			4. RACE		5 DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNE	DER I YEAR	IF UNDER 24 HRS
1000	11	4	Male		White		-	ary 6 1911		74	RS	, DAILS	7,111
de de	4	7a. B	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED		RE CITY OR COL		EATH	11 11 10 10
Merco	90		ntucky			d States	WIDOWE	D DIVORCED		e George	's		MD.
16	12.1	10,0	ITY OR TOWN OF DE.		LIE NOT IN SUC	HEACHITY GIVE STREET	ADDRESS)	R OTHER INSTITUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WORK	ING LIFE) IN	DUSTRY	BUSINESSOR
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74 FUNERAL DIRECTOR TELEVILLE WILLELM Funeral Home

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Burial

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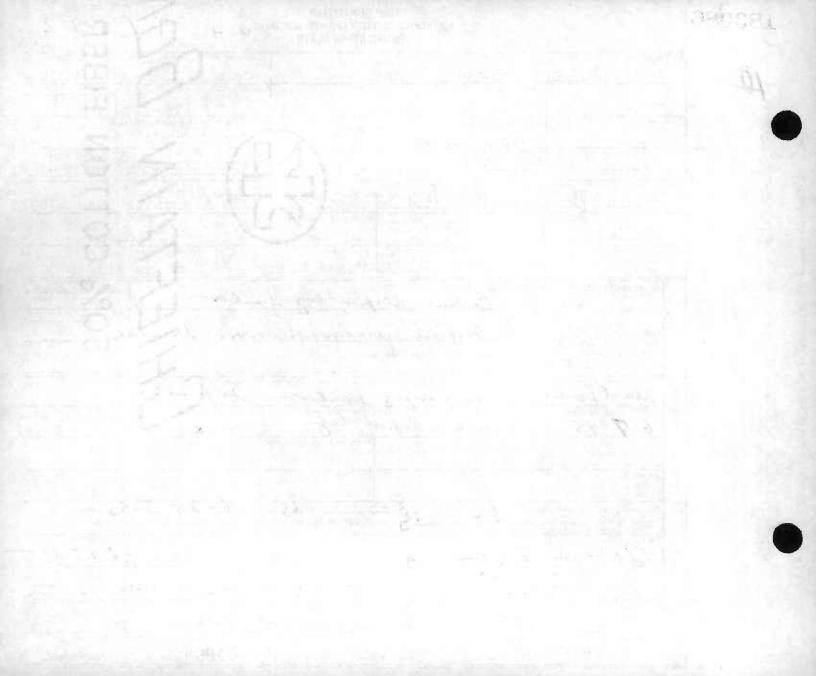
Cedar Hill Cemetery Suitland PG

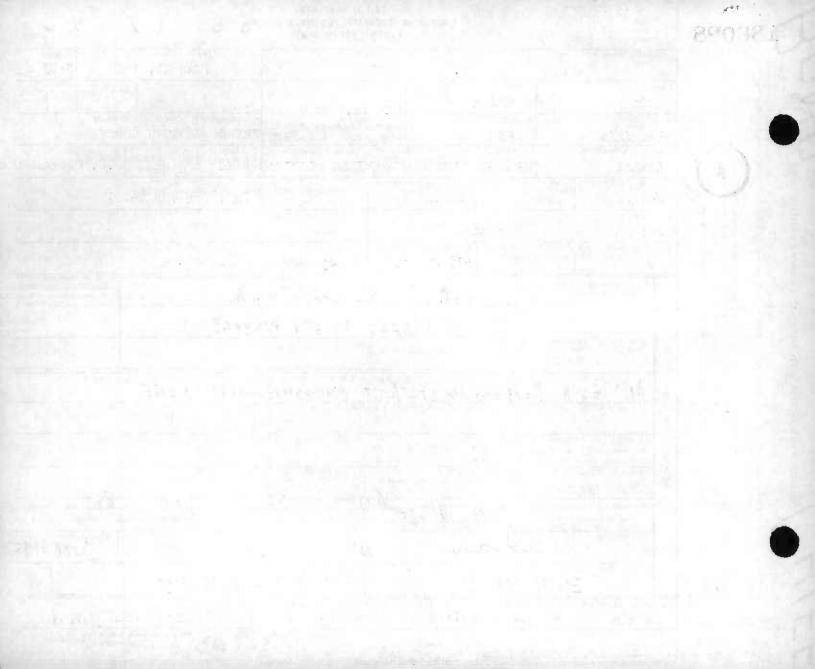
250. Date recto. By Registrar 256. Registrar's Signature

RESS Suitland Md JUN 27 1985

STATE

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Riverdale, Maryland

(VRA 15, 4)

Chambers Funeral Home

Felia Baudson Manda 10

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS RUSSELL EDWARDS TIIN 20 85 2320 PM & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE S. DATE OF BIRTH 3. SEX 18 EAR DAYS HOURS MONTH Male Cauc. 9 BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ohio TISA Prince George WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Air Force Malcolm Grow Medical Center Retired Military Andrews AFB USUAL RESIDENCE (IF NURSING HOME OR OTHER 130. STATE 130. COUNTY Pr. GOOT Pr. George 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13r. CITY OR TOWN 1525 Tucker Rd. 20744 Wash. YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Hartshorn Pearl William Edwards M. 16e WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATEST 167-07-7364 Vivian M. Edwards same as item 13 WWII Korea

ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and to 1.

PART I. DEATH WAS CAUSED BY:

CARDIO PULMONARY ARRESTRESS DUE TO, OR AS QATING GARINOMA OF THE LUNG OAT Cell CARINOMA of THE Line Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO | 718 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NO! WHILE

22a | certify that (1) (this nospital) attended the deceased from 17 Jun 35 19 85 20 JUN 20 JUN 35_, and that in (my) (and apinion death accurred on the date and hour and from the causes stated saw the deceased alive on 20 343 obove, (I) (www) (did) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE DEGREE

ATTENDING MEDICAL STAFF 6/21/85 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Malcolm Grow Medical Center Andrews AFB

BRAIN STARR MD 23c NAME OF CEMETERY OR CREMATORY 23e BURIAL CREMATION REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN STATE SPECIFBURIAL 6/24/85 Md. Veteran Cemetery Cheltenham

24 FUNERAL DIRECTOR G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md.

P.G. Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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	14	10. CITY OR TOWN OF DEA	TH 11 MAME OF HOSP	11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF A SHOT IN SUCH FACILITY. GIVE STREET ADDRESS) THE TRANSPORT OF WORKING LIFE HOME Maker			ORK 12b KIND OF BUSINESS OR INDUSTRY OWN home
11201	ANY DE RETAIN SOUID B SECOSO		RSING HOME OR OTHER INSTITUTION, GIVI 13b. COUNTY Pr. George's	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Mitchellville		eet address 504 Queen Anne	20716
E. MD.	# 25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	14 FATHER'S NAME FIRST Joseph	Frederick	tast Maier	15 MOTHER'S MAIDEN NAME FIRST Marie		Meyerle
TIMOR	1	16a. WAS DECEASED EVER (YES, NO, OR UNKNOWN)		166. SOCIAL SECURITY NO. 214-30-0642	17. INFORMANT Marie E. Clobu	6519 Oakwas Falls Chu	ood Drive
RECORDS, 201 W. PRESTON ST.,	WUD BE EXECUTED WITHIN 24 HOW "PENDING" IN TEMPLE FE MEDICAL EXAMILER ALONG SED AS A BURIAL - TRANSIT BERNE DE HEALTH AND MENTAL HYGENE DAL, CREMATION, OR JEMOVAL	Canditions, if a gove rise to couse (a) stating lying cause lost. PART 7 OTHER SIGNIFICAN	18. CAUSE OF DEATH (Enter only one cause perfline for (a) (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) This Wasture with Complications Oue Tolor as a consequence of Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost. PART 7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).				
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07/84	PAGE AFTER BALLEN	(TYPE OR PRINT) 230. BURIAL, CREMATION, R (SPECIFY) Burial		23c. NAME OF CEMETERY O	CITY	CATION OR TOWN VIE, Prince Ge	county state corge's MD
25M	DHMH - 17 (VR A15 ME (5))	24. FUNERAL DIRECTOR A	eth What Bress	16000 Annapolis Bowie, MD 207	Rd. 25a. DATE REC'D. BY	REGISTRAR 256 REGISTRAR	

STATE OF MARYLAND

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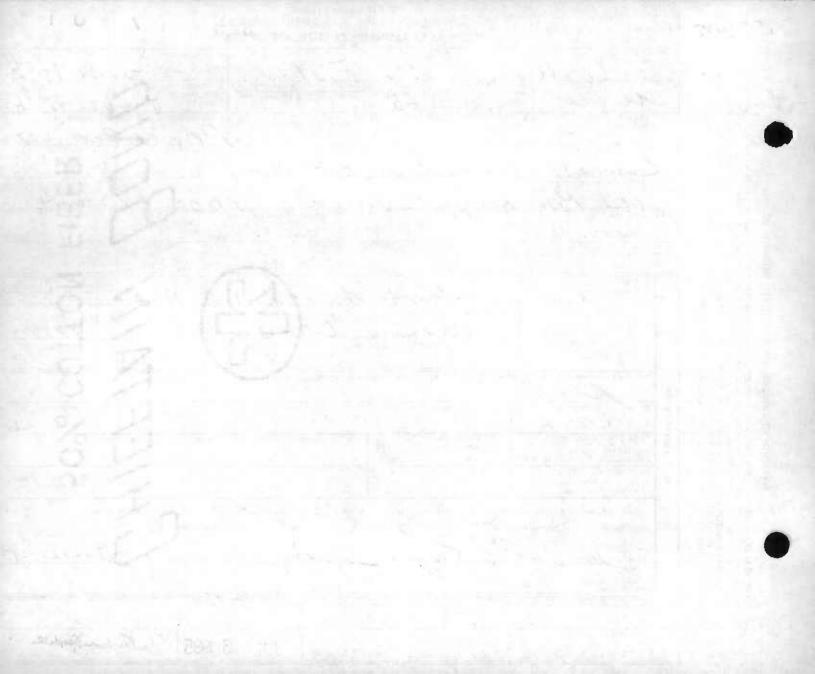
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E. PAGES I AND 2 SHOULD BE DIVISION OF WHAL RECORDS	13a S	L RESIDENCE (IF IN NURSING HOME TATE 13b. COUNTY)		13c. CITY OR TOWN Oxon Hill	ion)	13d. INSIDE CITY LIMITS? 13e	street address 26 Wilson B	20745 ridge Dr. #C-2	2
60	14. FA	THER'S NAME Carl	MIDDLE J.	Fiorenza,	74	15. MOTHER'S MAIDEN N	MIDDLE J.	d'Entremon	t
VISION /	16a. V (Y	No	WAR OR DATES)	577-96-76	68	Carl J. Fig	renza 10thi	iorenza Dr. ian, Md.	
₹¥,	1	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)					APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
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PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHALTWORE, MARYLAND,		ACTUAL SIGNATURE	rite of	e Whell		TITLE (SPECIFY)		DATE 6-12-8	5
PAGE 4 SH TO FUNER AFTER DEA BALTIMORE		EXAMINER'S NAME Ma		. Korell,M.			n Street	3101111	
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120	IF ANY DELAY IS NECESSÂRY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN DEGE 5 FOR YOUR FILES. 3. ROULD B FILED, WITHIN 72 HOURS. 4. RECTAIN FILES. 4. RECTAIN FILES. 4. RECTAIN FILES. 5. RESTAIN PRESION STREET,	13a S	IAIE	SOUNIY	Pa.	3c. CITY OR TOWN		YES NO	13e STREET ADDRESS	- J	6 H. St
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0	THE WOOLD BOOLD BO		UNDERLYING O	R	HOUR A.M. A		AR				
S	PAR SHOW	MEDICAL	CONTRIBUTING C		P.M. 21e PLACE OF	INJURY (AT HOME	21f LOC	ATION			
N	SE S	X.	WHILE NOT V	WHILE	STREET, FACTOR			REET	CITY OR TOWN	C	OUNTY STATE
	AAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		AT WORK AT WO	ORK							
	A TES		220 I certify that I t	lack charge of the	e remoins describ	bed abave, held or	n Autops	, , Inspectio	n Inquiry	, and in my o	opinion
	WIN HELD		death resulted fram:	Natural caus	ses A	ccident	Suicide	Hamicide .	Undetermined mane	ner .	
	WIT WIT WAR			0	17/			TITLE (SPECIFY)			
	A THE WAY		ACTUAL SIGNATURE	5 de	1/5	and	1M	0.00	MEDICAL EXAMIN	DATE VER SIGN	June 2 x 1980
	DE A SE TE		1	Tales	C/ Bass	1		0.			
	A DE BER		FYAMINER'S NAME	Jonn	S/ Roge	10		DDRESS	12111		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMATION, RE	MOVAL 23b. DA	TÉ	23c. NAME OF			23d LOCATION CITY OF TOWN		UNTY STATE
07/84	BP	(:	Burtal	Jun	le 29,19	85 Drum	s Ceme	teru		ennsylvan	
25M		24. F	JNERAL DIRECTOR					25a. DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE
	DHMH - 17 (VR A15 ME (5))		Donaldson	Funeral	Home. L	aurel. M	arulan	ı JU	2 1985	1 ha Pause	don fandall :



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	4 5	1
ž	ING PHYSICIAN. The IDS requires that the death certificate be executed within 24 hours after death. Page 4 is attending physician.	the season of the control of the other of the other of the control
0	£ 5	2.5
3	17 2	14
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR			DEPARTI		FICATE OF DEATH	YGIENB 5	REG. NO.	1 7	
	EASED NAME	FIRST	,	AIDDLE		LAST	20 DATE OF	DEATH MONTH	DAY YEAR	26. HOUR
(1112)	ORPRINT	Otha	. 3	Dale	Fla	nagan		6	2 85	7:20A
3. SEX			4. RACE		S. DATE O	OF BIRTH	6. AGE INY	EARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Male		Cauc.		MONT	17" 40	44	YR	MONTHS DAYS	HOURS MIN.
((RTHPLACE (STATE OR FO	DREIGN	USA	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED		RECITY OR COUR	NTY OF DEATH	MD.
	YOR TOWN OF DEAT	TH	LIE NOT IN SUC	HEACHTY GIVE STREET	ADDRESSI	Spital Cente	LIVES OF WORK	CCUPATION FOR MOST OF WORKIN	IZE KIND C INDUSTRY AUTOI	of BUSINESS OR
13a. S1	L RESIDENCE I F NURSIN TATE TYLAND	IS COUN	other institution IY George	Oxon Hi	ADMISSION)	13d INSIDE CITY LIMITS?		ADDRESS / ZIP CO	d Dr. 20	745
14. FA1	THER'S NAME Raymond	٨	AIDDLE	Flanagar	1	15. MOTHER'S MAIDEN 1 LERST Joseph		MIDDLE	al	t
	AS DECEASED EVER II		MED FORCES? WAR OR DATES)	233-58-3		Josephine M.	. Davis	ADDRESS Rt.3 Bex		
	18 CAUSE OF DEATH PART I. DEATH WA	(Enter onl	y one couse per	line for (a), (b), an	d (C1.)				APPRO) BETWEEN	ONSET AND DEATH
	PARTI. DEATH WA	AS CAUSEL IMMEDIAT	E CAUSE (o)(CARDIOP	ULMON	NARY ARRES!	r		HO	URS.
	underlying couse	lost.	(c)	Pancrea	titi	S NOT RELATED TO THE TE			da	
Z	DISSEMIN		-							10
CERTIFICATION	19a DATE OF OPERATI					DAGULAPATH: IN WAS PERFORMED	200 AUTO	PSY? 206. IF	YES, WERE FINDS RTIFYING CAUSES YES	NGS USED S OF DEATH?
ICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEA	THE STATE OF THE S	M. MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (ENTER NA	TURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
8	21d INJURY OCCURRE	IE 🗍	21e. PLACE (OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (sow the deceased abave, (I) (we) (di					nd that in (my) (our) opinion		June 2 d on the date and		that (1) (we) lost causes stated
	276. SIGN	m	m	9000	ľ			STAFF PHYSICIAN	Jui	signed
	PETER V	V.YIN	M.D.				NTON, MA	RANCH A		re 101
Bu	URIAL, CREMATION, R SPECIFY) 1712	REMOVAL	23b. DATE 6/5/8			Cemetery or Cremator	Da	WSON	COUNTY	State Md.
24 FU G.P	NERAL DIRECTOR Kalas 61	60 0:	xen Hil	l Rd. Oxo	n Hil	11, Md. 250 D	JUN 5	1985 256. REC	GISTRAR'S SIGNA	TURE - Pandall.

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	ie Maud FOWLER	3	June 8, 1985	7:41pm
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Female	White	2 9 YEAR 14	71 YRS	
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	** MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
	U.S.A.	WIDOWED DIVORCED		MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY
Lanham		tal of Pr. Geo. Co	Homemaker	home
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 13c. CITY OR TO Lanham	WN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
(yes, no or unknown) (if yes, g	SIVE WAR OR DATES)	Mr. Earl P.	. Fowler (spouse)	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOL	Huse Mansener	with Carbo And a logocoodist a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SIVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \to NO \to
OR CONTRIBUTION CAUSE OF D			JRRED (ENTER NATURE OF INJURY IN ITEM T	8 PART I OR PART 2)
VILLE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive a abave, (l) (we) (did) (did n	pital) attended the deceased from	and that in (my) (our) opinio	n death occurred an the date and h	
226 SIGNATURE	Jeng	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
ROMPT J. C	DEPET GE	44-10	Fet Acel and	Of SH was
230 BURIAL, CREMATION, REMOVA	12 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY 25 THE
(SPECIFY) Removal	6-9-85		CITORIOWN	Comit

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

MPORTANT: If Item 21 is

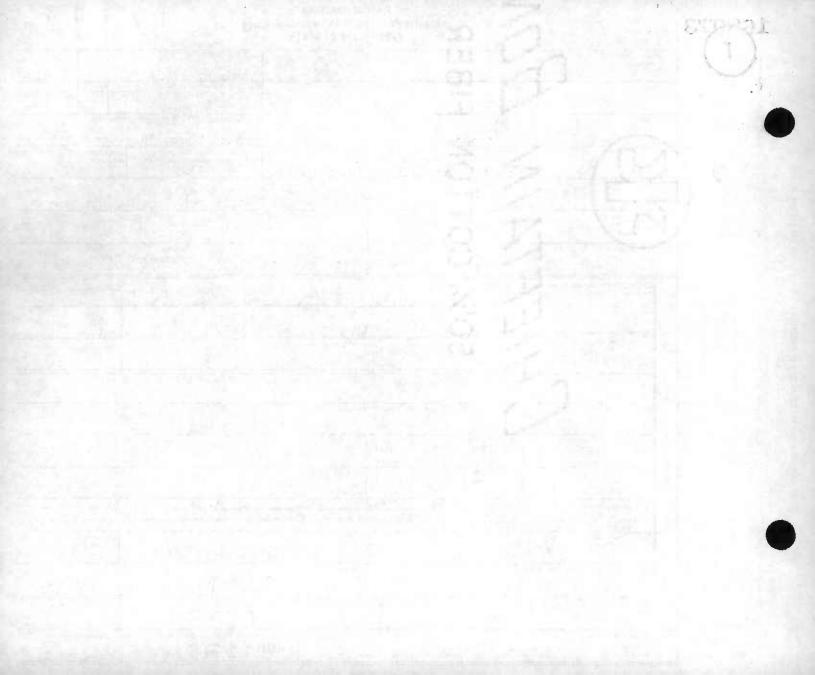
should be detached for use as the burial-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, crer morked or Item 18 sh

STATE ANATOMY BOARD

24 FUNERAL DIRECTOR

BALTIMORE, MD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



(VRA 15, 4)

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STATE OF MARYLAND

- 19 24, 19 21 C: -. 61/3 (A.1-18) EDWARD BY SOUR DE SENTATE : CEGA, III C III. Ballomeron and the fell of the first the first terms of the first term

be without the house of the west farmen in the west

10337	7	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	L HYGIENE 8 5 REG. NO.	7901
-6		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
A dept		Estelle	G.	Fry	June 3	. 1985 2:50p M
e e	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
000		FEMALE	WHITE	SEPT. 21, 190		DATE TOOKS MIN.
42 6		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMOPE CITY OF COLIN	Y OF DEATH
84 25		ILL.	U.S.A.	WIDOWED DIVORCE		's CO. ME
170	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTIO		126. KIND OF BUSINESS OR
	Ri	verdale	Leland Memoria	l Hospital	TEACHER	SPECIAL EDUC
100		STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION) /N 13d INSIDE CITY LIM	10.0	
16/16/	14 FA	ATHER'S NAME FIRST GEORGE	MIDDLE LAST RUEHLE	IS MOTHER'S MAIDE FIRST ESTET	N NAME MIDDLE	NOLL
Feger 1		WAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN) (IF YES,		JRITY NO. 17 INFORMANT	ADDRESS 104	LONGMEADOW RD.
ned by the ottending throughous please remove corboningo uriol, cremotion, or remove, cor other troumotic events.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF FIRST	HEMOREHAUS RICCATION COLLUN TERMINAL DISEASE OR CONDITION G	
nos been sign permit. Then p ne prior to bu we ony injury.	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
rsicio cote h cote h dygie sh	CERTI	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	YES NO D
certificat certificat rial-trani ental Hyg frem 8 s		OR CONTRIBUTING CAUSE OF E		AY YEAR		
ottending ter this ce is the buri h and Mei rked or h	MEDICAL	21d INJURY OCCURRED WMILE NOT WHILE AT WORK	21e PLACE OF INJURY	216 LOCATION	CITY OR TOWN	COUNTY STATE
te haspital ar e DIRECTOR: Aft sched for use as Dept af Health f hem 21 is mar		22a.1 certify that (1) (this has saw the deceased alive above, 4) (we).4did) (did	priol) attended the deceased fram INNE 3 19 7 nat) view the body after death.		string death occurred on the date and ho	
e ho DIRE Ichec Dept		22b. SIGNATURE	0 . 1 1	DEGREE	110 MEDIC 11 CTAFF	22c. DATE SIGNED
by the		220. PHYSICIAN'S NAME (1)	OR PRINTS	ATTENDI PHYSICI		6-3-85
to FUNI should b with the		Kempanna S	udhakar, M.D.	7676 New	Hampshire Ave.,Lang	gley Park, Md.2
Short Short		BURIAL, CREMATION, REMOVA	AL 23b DATE 23c 1	NAME OF CEMETERY OR CREMAT		, , , , , , , , , , , , , , , , , , , ,
3P		BIRTAT.	6-7-1985 GE	ORGE WASHINGTON	CEM DELPHT F	COUNTY STATE

RIVERDALE, Md. 20737

JUN 1885 AND THE PROPERTY OF T

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

W. W. CHAMBERS CO.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

133	FOR • STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	GIENE 8 5 7 9 0 1
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
	PECEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH MONTH DAY YEAR 2b. HOUR
4 de		sie Geneva	GAMBLE	June 10,1985 2:21
3. S	SEX	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 2. MONTHS DAYS HOURS
	Female	Black	March 5, 1903	82 yrs.
1/170.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	75 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
1	Pennsylvania		WIDOWED XX DIVORCED	Prince George's
1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	Lanham		al of Pr. Geo. Co.	Retired
37 13a	UAL RESIDENCE (IF NURSING HOMI I. STATE 136 CC Maryland 16 E	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 134 CITY OR TOW Lar	/N 113d. INSIDE CITY LIMITS?	13e.SIREET ADDRESS / ZIP CODE 10408 Rambling Hill C
1/1	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE LAST
1200	Augustus	Bruce	Georgia	
	(YES, NO OR UNKNOWN) (IF YES,	CIME INVAD OR DATEST		ADDRESS
aedi	no	577 12	7208T Fred H.	Gamble-son-10408 Rambli
ial, crema	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU		
I hen p r to bur injury. o	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 11a
Hygiene prior to R Sthews ony injur	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO NO
//	OR CONTRIBUTING TO CAUSE OF		AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
h and Menta	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION	CITY OR TOWN COUNTY STA
s mo	22a.1 certify that (1) (this ha	spital) attended the deceased from_	4.2. 19.83	
2 of H	sow the deceased alive	not) view the body ofter death.	23 , and that in (my) (our) opinion	death occurred on the date and hour and from the causes state
Hem Hem	22b. SIGNATURE	To the body the death.	DEGREE	22c. DATE SIGNED
Ti. H	CKI	Jour	M. D. ATTENDING	MEDICAL STAFF 6/10/85
MPORTANT	22d. PHYSICIAN'S NAME	· R. NATH,	MA) 22e. ADDRESS	ant Fox Lane, Bowie, Md. 207
₹ ₹ 230	BURIAL, CREMATION, REMOV			234 LOCATION Laurel Maryland attional Memorial Park
	Burial V/	CONTRACTOR OF CONTRACTOR	The contract of the contract o	Laure L. Mary Lanc

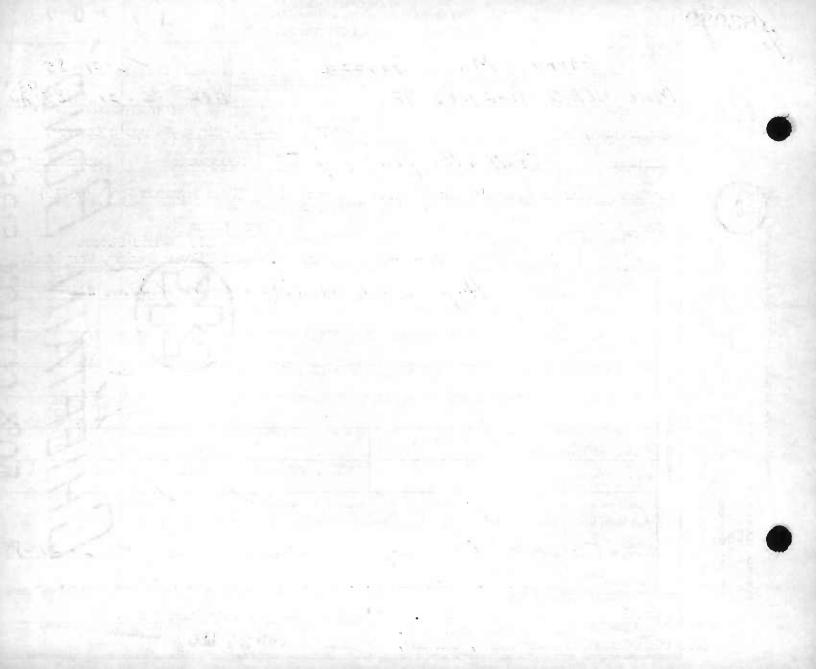
Rd.NE.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Stewart Funeral

Maryland National Memorial 250. DATE REC'D. BY REGISTRAR'250. REGISTRAR'S SIGNATURE
JUN 13 1985 Filia Davidson-Randone

	/					STA	TE OF M	ARYLAND			
1	83089	1.	FOR STATE		D	EPARTMENT OF	HEALTH	AND MENTAL	HYGIENE	1 7 9	1 0 9
(A	000000	1	REGISTRAR		MED	ICAL EXAMIN	NER'S C	ERTIFICATE	OF DEATH R	EG. NO.	
10			CEASED NAME OR PRINTS	E FIRST		MIDDLE	L	AST	20 DATE KNOW		DAY YEAR Zb. HOUR
	1 8 S. S. S. E.	(11)	E OR PRINTS	Harry	1 M	Ga	422	0	OF EST DEATH MAT	ED F	2/ 1985 N
	RECTOR. RECTOR. R FILES. HOURS STREET,	3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN Y	EARS IF UNE	DER I YR. IF UNDE	R 24 HRS. 2c. DATE	MONTH	DAY YEAR 71 HOLL
	SSARY, PRAL DIRECTOR YOUR IN 72 HELDING STOON ST	12	20/0	White	11-27-	OG 78	(RS.	S. DAYS HOURS	MIN PRONOUNCED	1. 2	85799
	SAR	7n B	RTHPLACE (S	STATE OR	76. CITIZEN OF WH		10		9 BALTIMORE	CITY OR COUNT	1940 TY OF DEATH
	SSE	FC	REIGN COUNTRY)		No.			D NEVER MAR	RRIED L	_	
	33.62 > W+	Wa 10 C	shingt	ON, DC	USA	TA_NURSING HOM	WIDOWE		Prince G	eorge's	County, MD 12b KIND OF BUSINESS
	建築が			OI DEATH	AL HOT IN SACH LYC	HIT THE LIBERT ADDRESS)	1 //	KINSTITUTION	FOR MOST OF WORKING LI	IFE)	OR INDUSTRY
	Dog Ha		Linton		Dulhen	manyan	ed of	morred	Decorator		Decorating
8	18328AL		TATE	(IF IN NURSING HOME C	TY	13c. CITY OR TOWN	(NOIS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
7	SYRCH	Mai	cyland	Prince	George's	Brandywin	e	YOUNG NO	17005 Aqua	asco Road	1 (20613)
4	10 4//	14. F	ATHER'S NAM	E	WIDGLE	LAST		15. MOTHER'S MAI	DEN NAME		LAST
2	410 - OC		Joseph	Gauzza				Rose 1	Mary Rizzo		
WO	A SECOND	16a_\	VAS DECEASE	ED EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166 SOCIAL SECURI	IY NO.	17. INFORMANT	400 Ha	mmes St	reet
5	\$ 5 + Q II		No	N/A	WAR OR DAILS!	578-03-4	405	Harry J.	GauzzaSilver	Spring	, Maryland
	2 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 × 5 ×		18. CAUSE C	OF DEATH (Enter on	y ane couse per lige/	(ar (a), (b), and (c),)					APPROXIMATE INTERVAL
157	5×5×5	138	PARTID	EATH WAS CAUSED	BY:	1 Der Cense	use 1	randis	vascular a	liseur	BETWEEN ONSET AND DEATH
ō	SE S			IMMEDIAI		A CONSEQUENCE					
ES	L H SI K			ans, if any, which	1						
×.	TED WITHIN 24 IN PENCIL IN ITEL XAMINER ALON AL-TRANSIT PER MENTAL HYGIE N, OR REMOVA			ise to immediate	(b)	AS A CONSEQUENCE	OF				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	SHOULD BE EXECUTED WITHIN RED. "IN PENDING" IN PENCIL IN CHIEF ABDICAL EXAMINER A CHEE ABD AS A BURAL - TRANSIT OF HEALTH AND MENTAL HY SRIAL, CREMATION, OR REMO		lying co			O A CONSEQUENCE	Or				
5,2	SECU NND NTIO		PART 2 OTNER C	IGNIEICANT CONDITIONS	CONTRIBUTING TO DEATH O	UT NOT RELATED TO THE TER	MINIST DISTAGE	00 0000 7000			
ON	ENERGING MEDICA AS A BI EALTH A I	z	TAKE E OTHER S	TOME TOME TO THE TOTAL OF THE T	CONTRIBUTING TO DEATH S	OI NOI KELAILU IO INE IEK	MINAL DISEASE	OK CONDITION PIAFE IN	PARI 1 (0),		
E	A A A SEAL CREATER AND A SEAL CR	CERTIFICATION	19a DATE OI	FOPERATION	TIBL CONDITI	ON FOR WHICH OPE	DATION MA	S DEDECORATED 2			
¥	SHOULD ORD TO HE USED TO FHE	5	Ins. Date of	OI ENATION	178. CONDITI	ON FOR WINCH OF	KATION WA	AS PERFORMED?			20 AUTOPSY?
<u> </u>	> 87 28	E	21a EXTERN	AL CAUSE WAS	21b. TIME OF	INTUDY	101-110	W 15 / 15 / 15 / 15 / 15 / 15 / 15 / 15			YES NO Z
Ö	RTIFICATE S NG THE WO TO THE C SHOULD BE PARTMENT		UNDERLYING			MONTH DAY YEA	R ZIE. HO	W INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	T 2)
Ö	COPIAN	MEDICAL	CONTRIBUT	ING CAUSE OF D		19	1014 1006				
<u> </u>	HEDONE	N N	21d. INJURY			F INJURY (AT HOME, DRY, FARM, ETC.)	21f. LOC	REET	CITY OR TOWN	COU	UNTY STATE
۵	ISSE -		AT WORK	NOT WHILE C	,					/	
	ATE, V ORW, ORW, OR, PA		22a. I cert	ify that I taok charg	e af the remains desc	ribed obove, held an	Autopsy	y , Inspect	ion . Inquiry .	ond in my ap	inian
	AND TO THE		death result	ted from: Notur	ol couses	Accident . S	vicide ,	Hamicide .	Undetermined monner	Π.	
	ARY ARY			1	N	7.		TITLE (SPECIFY)			
	A A SECOND		ACTUAL SIGNATURE	Pouga	10 / Do	thesaur.	MI	Deputy	MEDICAL EXAMINER	DATE	6-21-83
	ORE SEE			1	/	1/ /	171.0		MEDICAL EXAMINER	SIGNE	, , , , ,
	MS BEE		EXAMINER'S (TYPE OR PRI	NAME AU	gusto P. R	odriguez.	M.D.	DDRESS 5009	Rayburn Ct .	Temple 1	Hills. Md
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, BOGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMA	TION, REMOVAL 2		23c. NAME OF CE			23d. LOCATION		
07/84	BP	В	rial	Ju	me 24, 19	85 St. Mar	v's C	atholic C	enetery Washi	naton . I	DC.
25M	DHMH - 17	24 F	JNERAL DIREC	CTOR TOO F	ineral Ho	me. Inc.		25a. DATE	REC'D. BY REGISTRAR 256	REGISTRARIASI	AN Marida De
	(VR A15 ME 663	0	ld Alex	kander Fer	ry Road,	Clinton, M	aryla	nd JU	N 2 7 1985	AND PORT COLOR	DC STATE
		_									



7601 SANDY SPRING Rd. LAUREL Md. 20709

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

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4 10101000		FOR STATE			DEPARTMENT OF			NTAL HY	SIENE	1	7	
177060		REGISTRAR	7200	ME	DICAL EXAMI	NER'S	CERTIFIC	ATE OF	DEATH	REG. NO.		
		CEASED NAME	FIRST		WIDDLE		LAST		2a. DATE K	NOWN X	MONTH DAY	YEAR 2b. HOUR
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A STATE OF S	3. SE)	4	RACE	5 DATE OF BIRTH	YEAR LAST BIRTH			FUNDER 24	HRS. 2c DATE		MONTH DAY	YEAR 2d. HOUR
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	7a BI	RTHPLACE (STA	TE OR	7b. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED NIEV	ER MARRIED	9 BALTIMO		COUNTY OF DEA	
A PARTE SE	100		N.C.	U.S	S.A.	WIDOV	-	DIVORCED		ce Ge	orge's	MD
2 H (1 H) 7	10 CI	TY OR TOWN O		11 NAME OF HOS	DITAL NILIPSING HOL	AE, OR OTH	IER INSTITUT	ION 12	0. USUAL OCCUP.	ATION (TYPE O	F WORK 126 KIND	OF BUSINESS
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WE BELLEVILLE		death resulted	fram: Nati	ural causes X.	Accident L.,	ouicide	Hamicie		Undetermined mar	iner .		
EXAMINE CERTIFICA DULD BE FO UNITH TH MARYLAN		ACTUAL /	1/20	will	X deke	/	TITLE (SP	PECIFY)			DATE 6/1	7/1985
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TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BI TO FUNERAL DIRE AFTER DEATH, WITH BAILTIMORE, MARYI	22-4	URIAL REMATI			123c, NAME OF C	CAACTERV	ADDRESS		23d LOCATION		1	
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07/84 BP		UNERAL DIRECT	OR	4/20/03	MARYCH.	00 1	17	Sa. DATE REC	'D. BY REGISTRAR	VICLE, P	RAR'S SIGNATURE	F
DHMH - 17 (VR A15 ME (5))		S. ILLUSHI		ADDRESS				JUN 2	1 1985	1 / 4		ndelle
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Md. E.C. Wordstville - 2011 may lane

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- STATE REGISTRAR

(TYPE OR PRINT)

3. SEX

I. DECEASED NAME

FIRST

4. RACE

MARY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

27

99

LAST

BIANNACELLI 5. DATE OF BIRTH

MONTH

5	1	1	9	1

20-85

IF UNDER I YEAR

INDUSTRY

MONTHS DAYS

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

AUE

Sandin

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

same as#13

YES [

IF UNDER 24 HRS

MONTH

REG. NO.

2a DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

85

OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		-	,
Fisher the low requires that the death certificate be executed within 24 hours after death. Page 4 may	oth. Pog	9	E .
inflicts has been igned by the oftending this consolers y filled in by the funeral director, pour name of the consolers within 71 hours offered	77 Jour	o o	r. po

DHMH - 16 50M 4/83

(VRA 15, 4)

BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY RINCE GEORGES USA TTALY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) ARGO MANOR CARE LARGO HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 SOUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? MD. UBBADABTUILL GIIG YES X District Hots NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Bartolomeo Coello Maria Eucronia 16b SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATES! Flourenz L Giannarelli 040-538-6414 NO 18. CAUSE OF DEATH (Enter only one couse per live for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY PS:5, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISMSE OR CONDITION GIVEN IN PART 110 CERTIFICATION neumonia. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 70b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET NOT WHILE AT WORK hospitall attended 220 I certify that DEGREE ATTENDING ld be deto the Stote 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN Burial

MIDDLE

COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and liam the causes stated 22c DATE STIGNED PHYSICIAN TORECTOR PHYSICIAN COUNTY STATE Burial 24June 85

14 FUNERAL DIRECTO ROBERT E WITHELM
NAME Funeral Home Wooster Cemetery Danbury
4308 Suitland RD Date Rec'd. BY REGISTRAR'S SIGNATURE ADDRESuitland MD -0

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CERTIFICATE OF DEATH REG. NO.							
r		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR		
	TYPE	OR PRINT)	laric	е	An	Gilr	oy	June 1. 1	985		2:55A		
8	3. SE)	X		4 RACE		5. DATE C		6. AGE (INYEARS LAST BIRT	HDAY)	F UNDER I YEAR	IF UNDER 24 HRS		
	,	Female White				Febr	uary 18,1924	61	YRS.	ONTHS DAYS	HOURS MIN.		
	7g. BI	RTHPLACE ISTATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	72 8	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH			
		ntucky		U.S.	.A.	WIDOWE	. 1	Prince Ge	Prince George's County				
2	10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATE		12b. KIND OF BUSINESS OR			
2		Riverdale		Lelan	d Memoria	al Hos	pital	Clerk	WORKESO THE	Clear	Cleaners		
1	USUA 13a. S	AL RESIDENCE (IF NURS	134 SOUT		13t. CITY OR TO		113d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE				
5)	-	aryland	P		Bladen		YES NO	4309 57th		Apt-#	9 20710		
Ú	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	ī		
Ü	Ja	ames		М.	Lee		Carrie	Bar			rris		
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE		ess Sai	me as		
	No	0			411-30	-2227	Mr. Charles	J. Gilroy	No#				
	19	18 CAUSE OF DEAT	H (Enter or	nly one couse pe	r line (a), (b), o	and Ic	TI			BETWEEN	MATE INTERVAL ONSET AND DEATH		
		PARTI, DEATH W		TE CAUSE (0)	Kesn	ivatori	1 tailure						
				DUE TO C	R AS A CONSEC	JENCPOE)	24	2111	O A	7			
		Conditions, if any,	which	(b)	End	Sto	LL Caroniz	2 Obstruction	u / whe	11/13.			
		gove rise to imm	nediote	DUETO	AS A CONSECU	HENICE OF	8						
		couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF								2000			
		PART 2 OTHER SIGN	N IN PART 10	0									
f	ON	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											
)	CATI	190 DATE OF OPERAT	TION	196 CONDITION FOR WHICH OPER			N WAS PERFORMED			WERE FINDIN			
100	CERTIFICATION							YES NO	YES	-	NG CAUSES OF DEATH?		
F	CER	210 ACCIDENT WAS UND		216 TIME C		DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2)			
	AL	OR CONTRIBUTING (1111	.M. MONTH I .M.	DAY YEAR							
	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY		21f LOCATION	CITY OF TO	· hi	COUNTY	STATE		
	×	WHILE NOT WH	RK	(AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC.)	SIREET	CITY OK TO		4	STATE		
Ŋ	0.7	22a I certify that (1)	(the boso				58 19	toJun	1	9.05	that (I) (we) last		
		sow the decease above, (I) (ve) (g	ed alive on	t) view the body	otter death	85 .01	nd that in (my) (and opinion o	deoth occurred on the do	te and hour	and from the	couses stated		
		72% SIGNATURE DE DE ATTENDING MEDICAL STAFF									SIGNED		
		10	6//	189									
		22d. PHYSICIAN'S NA	AME (TYPE C				22e ADDRESS	PHYSIC	11	11	110		
		110	12TU	N I	LISON		16525 Below	ost Kd H	gatts1	ville 1º	14		
		BURIAL, CREMATION,	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
	(Buria	al	June :	5,1985 A	rlingt	on Natl. Cem.	Fort Myer	. Ar	lington	n Virginia		
ł	24 FL	UNERAL DIRECTOR					250. DAT	E REC'D. BY REGISTRAR					
	F.	Gasch's	sons :	F.H. P.	. Hyatti	sville	, Maryland Jl	JN 5 1985	- ware	wander-	pandelle		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

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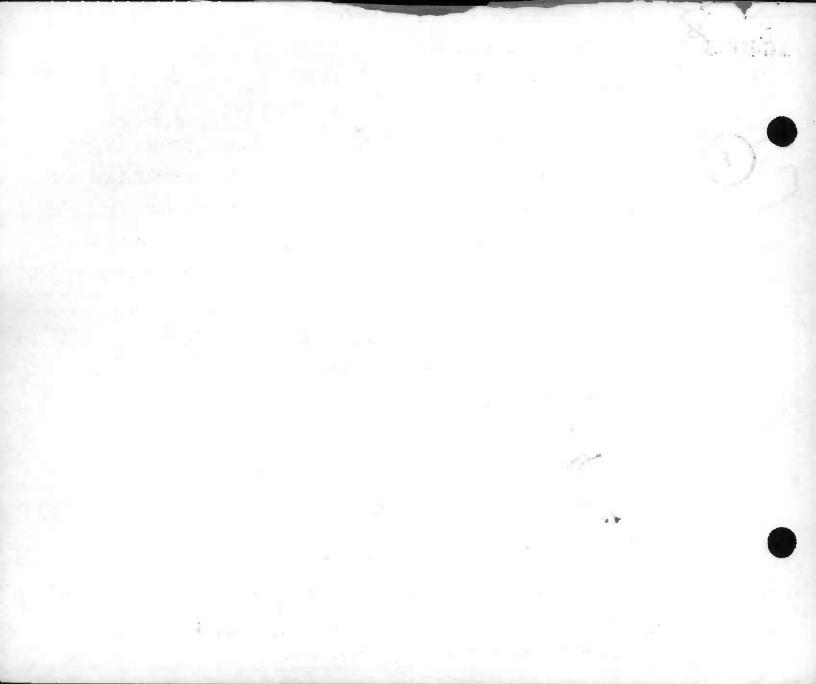
or Cauch's Sons P. H. D. t. Ugutlaville, Muryland addi-

171078	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.							
and described of		EASED NAME FIRST	MIDDLE H.	Golo	STEIN DE BIRTH 1005	20. DATE OF DEATH MONTH TUDE 6 AGE (IN YEARS LAST BIRTHDAY)	Z \$5 63 M			
Page 4 m Sourcetter	7a. BI	EMALE C	AUCASIAN CITIZEN OF WHAT COUN	MONTH DECENT		XXXXXXX 77 YRS.	MONTHS DAYS HOURS MIN.			
on the familiary of the	10 CI	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	U,SA. NAME OF HOSPITAL, N (FNOT IN SUCH FACILITY, GIVE MAGNOLIA	WIDOWE URSING HOME C STREET ADDRESS)	DIVORCED DIVORCED	TRINCE GOO 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) CLERK	12b. KIND OF BUSINESS OR			
Supplied to the supplied to th	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR OI STATE 136 COUNTY IARY LAND PRINCE	THER INSTITUTION GIVE RESIDENCE Y 13c. CITY OR	BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES (A) NO [13e.STREET ADDRESS / ZIP COD 8200 GOOD LUC	K RD.20706			
MARY ted with ted with		SAMUEL	SKLO	OSKY	GÜSSIE	MIDDLE	GÄLVER			
MORE, or execute on and confined confin	1	VAS DECEASED EVER IN U.S. ARMI VES. NO OR UNKNOWN) (IF YES, GIVE V NO		30-3520	MRS. SYLVIA	ADDRESS NOCHIMSON 30SOUT	SPRING VALLEY, N. Y H COLE AVE. 10977			
RDS, 201 W. PRESTON ST., BA equires that the death certification signed by the attending physic Then please remove carbon paper to burial, cremation, or removal injury, or other traumatic event, the injury, or other traumatic event, the contract of the c	NO	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF		TEST SERSEIO TS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IVEN IN PART 110			
TAL RECO	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO		YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \) \(\text{NO} \)			
OUVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. The this certificate has been sign at the buriol-tronsit permit. Then the and Mental Hygiene prior to be acted or frem 48 shows any injury	MEDICAL CE	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216, INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	19	21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY STATE			
AL OR ATTENDING the houping or off AL DIRECTOR After stocked for use out the Dept. of Health or the Beat. of Health or the Hean 21 is market		WHILE AT WORK NOT WHILE AT WORK 270.1 certify that (1) (this haspito saw the deceased alive an obove, (1) (we) (did) (did not)		_19	nd that in (my) (our) opinian	death occurred on the date and ha	276: DATE SIGNED			
TO HOSPITA retained by TO FUNERA should be d with the Stu	1220 1	BURIAL, CREMATION, REMOVAL	PRINT) OS, Md 123b. DATE	L234 NAME OF C	22e ADDRESS MAGNO EMETERY OF CREMATORY	la Garder	S NURSING Home			
BP	230. 1	BURIAL	6/14/85		R PARK CEM	WESTWOOD	NEW JERSEY			
DHMH - 16 50M 4/83 (VRA 15, 4)	24 5	UNERAL DIRECTOR SOL LE	VINSON & BRO RD. BALTO,M	S.,INC. 21215	JUN	E REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE			

35015.0 A to Windows and the way to be transfer to San the SCHOOL TRACK SIZERS SUR or the same of

- STATE 164083 CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME. 7g. DATE OF DEATH MONTH 26. HOUR **GONZALEZ** (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS BALTIMORE CITY OR COUNTY OF DEATH Georges (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Farmer-Self Employed 13e.STREET ADDRESS / ZIP CODE 8708 Bradford Road Rodriquez ADDRESS Elva Gonzalez (Daughter) Same as ES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN id that I (my) (our) opinion death accurred on the date and hour and from the causes stated 13r. DATE SEGNED DIRECTOR | PHYSICIAN (SPECIFY) Burial Dur Lady of Mercy Miame 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES



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16	3058		REGISTRAR		MI	EDICAL EXAMI	NER'S	CERTIFICATE O	FDEATH	REG. NO).	1
			EASED NAME	/ ,	h de	WIDDLE	./	LAST	2a. DA		MONTH DA	YEAR 26. HOUR
	ASE DR. JRS. EET,			1-41a	2 M		3	ordon	DEA	TH MATED	6-2	1985 A
	I IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. GED.WITHIN 72 HOURS Q1 W. PRESTON STREET,	3 SEX	nale	While	S. DATE OF BIRTH	YEAR 6. AGE (IN LAST BIRT)		DER 1 YR. IF UNDER 2	MIN PRONC	ATE DUNCED AD	MONTH DA	SS 71 A
1	SSA SAL STAN		RTHPLACE (ST	ATE OR		VHAT COUNTRY?	8 MARR	IED NEVER MARRIE	9. BAL	IMORE CITY O	R COUNTY O	F DEATH
	S S S S S S S S S S S S S S S S S S S	Virginia			U.S.	A.	WIDOV			Prince G	eorge!	s MC
	ALAES !!		nple Hi		SHE NOT IN SUCH	DSPITAL, NURSING HOLES	ME, OR OTH	Coal to	FOR MOST OF	CUPATION (TYPE WORKING LIFE) Housewif		KIND OF BUSINESS OR INDUSTRY
21201	PER STORY DEL	13a. S		113h COU		GIVE RESIDENCE BEFORE ADMI 13c. CITY OR TOWN B Pemple Hi		13d. INSIDE CITY LIMITS? YES NO 🛣	T 1038	oress emple Hi	111 Rd.	0748 Let 100
Me	1 A /)	14. F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE		WIDDIE		LAST
SHE.	3 3 3 10		Unknow			Unknown		Unknow	n		Un	known
BALTIMORE, MD. 2120	AFIER PACES I SION ((Y	VAS DECEASEI ES, NO, OR UNKNO NO		RMED FORCES? VE WAR OR DATES!	231-05-2		Doreen Mc	Intosh	116 Sur Los Ar	myside	Ave.
PRESTON ST.,	UTED WITHIN 24 HOUR IN PENCIL IN TEM 18. EXAMINER ALONG W RIAL - TRANSIT PERMIT D MENTAL HYGIENE, D ION, OR REMOVAL.		PART I DE	ATH WAS CAUS	ATE CAUSE (0) DUE TO, O	for (a), (b), and (c).) 1 Leve AL R AS A CONSEQUENC	200	w ander	Nascu	lad de	160	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ORDS, 261 W.		z	cause (o) lying cou	stating the <u>unde</u> se last.	DUE TO, O	R AS A CONSEQUENC		E OR CONDITION GIVEN IN PAR	RT) (a)			
AL REC	SHOULD BE WORD "PENDI CHIEF MED BE USED AS VI OF HEAT	CERTIFICATION	19a. DATE OF	OPERATION	196 COND	TITION FOR WHICH OP	ERATION W	AS PERFORMED?			20	D AUTOPSY?
10F VIT	CERTIFICATE SHOULD BE EXECUTING THE WORD "PENDING" BED TO THE CHIEF MEDICAL B. ST SHOULD BE USED AS A BURN DEPARTMENT OF HEATH AND PEROR TO BURNAL, CREMATION		UNDERLYING	L CAUSE WAS		DF INJURY M. MONTH DAY YE	AR 21c. H	OW INJURY OCCURRED	D (ENTER NATURE C	F INJURY IN ITEM TO P	PART 1 OR PART 2)	YES NO P
DIVISION OF VITAL RECORDS		MEDICAL	214 INJURY C		21e PLACE	M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	CITY O	? TOWN	COUNTY	STATE
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTIOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120		death results	Augu	rige of the remains of tural causes	Jayus	Autop Suicide	Homicide TITLE SPECIFY)	Undetermined MEDICAL EX	monner ,	DATE SIGNED	5-7-85
	PAGECIA PAGECIA PAFTER BALLI	20	EXAMINER'S (TYPE OR PRIN				and the same of the same of				ip spri	ngs, Md.
07/84	Bb	230.B	Burial Burial	TION, REMOVAL	6/10/85	Stevens		cl Ch. Cem.	23d LOCATIO CITY OR TOWN Ever		county	state enna.
25M	DHMH - 17	24 F	NERAL DIREC	TOR	ADDRE	6160 Oxon	Hill 1	Rd. 250. DATE R		RAR 1256 REGIS	STRAR'S SIGN	ATLIRE
	(VR A15 ME (5))	G	orge P	. Kalas	Funeral H			Md. HIN 1	0.4085	grander Dev	4 good-plan	- I

Water was man be A.T. - 9 liverime not so the file of some Lat -077 Legues Unicages Los aboutes, partire.

Fort Lincoln Cemetery

letery Brentwood P.G. Ma: 250, DATE REC'D. BY REGISTRAR'S SIGNATURE

Grain Davidson-Randell

6/11/85

4739 Baltimore Avenue Hyattsville, Md. 20781

24 Francis Gasch's Sons Funeral Home, P.A.

Burial

DHMH - 16 50M 4/83 (VRA 15, 4)

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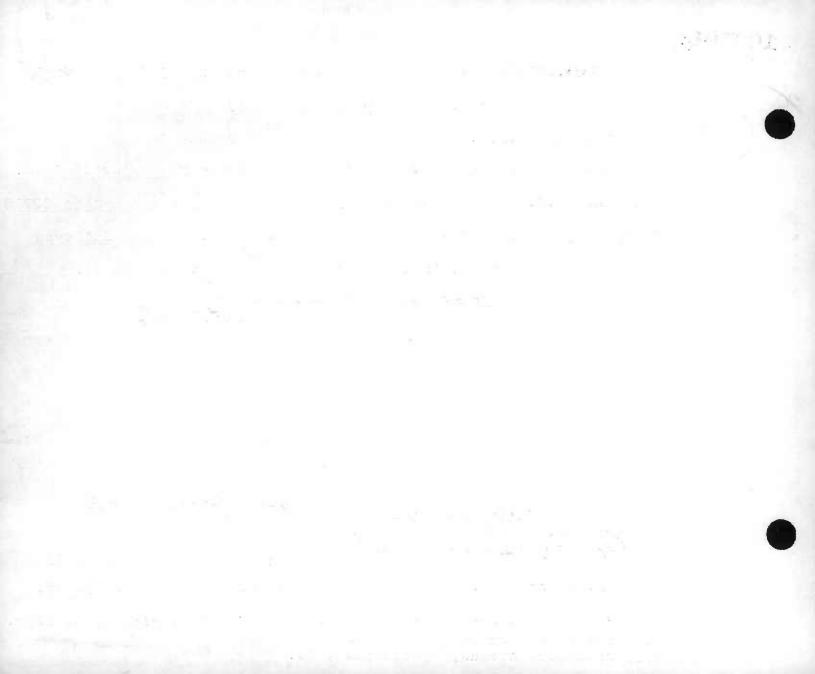
DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE 160102 REGISTRAR 20. DATE KNOWN ESTI-Raymond DEATH MATED Charles Green 4. RACE & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Nov. 18, 1916 68 Male White DE AD Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) □ Prince George's County Pennsylvania U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Retired OR INDUSTRY College Park Asbestos Worker Pittsburg SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Asbestos 186 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 130 STREET ADDRESS Neglev YES X NO 1 48073 Dyke Road 44441 Ohio Columbiana 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Catherine Wilkie Charles Green 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS Address Same as 209-07-5287 W.W.II Yes Mrs. Dorothy R. Green No# 13e. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) chronic myocardial disease and emphysema. Years gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG None 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None NO K 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 218 PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN 220 I certify that I took charge of the remains described above, held on Inspection X Autopsy death resulted from Notural causes X Accident. Suicide L Homicide . Undetermined monner ACTUAL Deputy SIGNATURE MEDICAL EXAMINER SIGNED 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. 73a BURIAL, CREMATION, REMOVAL 23b DATE 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION June 7.1985 Jefferson Memorial Cem | Pleasant Hill Alleghany Burial 24 FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR **DHMH** . 17 Gasch's Sons F. H. P.A. Hyattsville, Maryland JUN 5 (VR A15 ME (5))

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4739 Baltimore Avenue, Hyattsville, Md.

(VRA 15, 4)

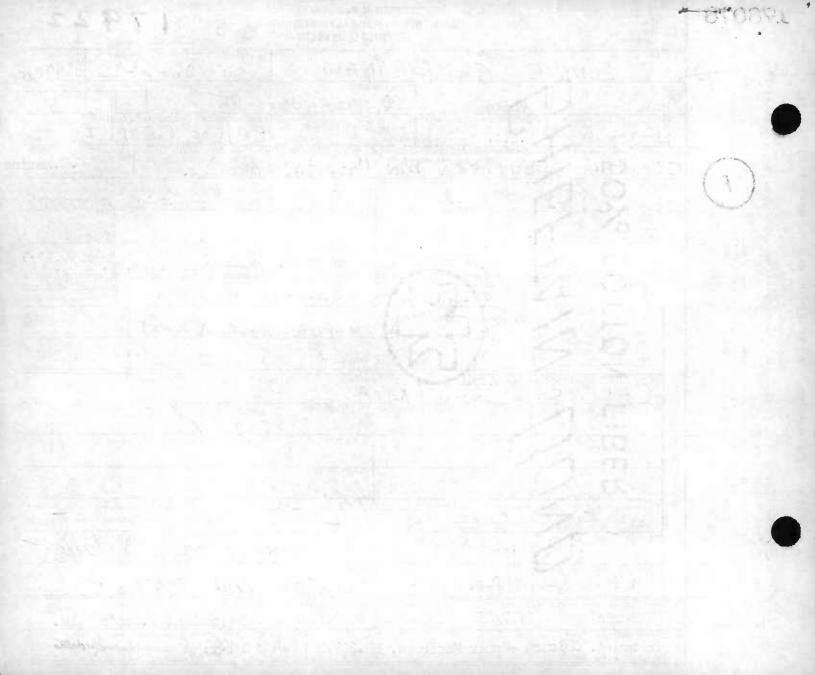


DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

172076	1-	FOR STATE REGISTRAR	DE		ICATE OF DEA		NE 8 5	1 7	6
201		CEASED NAME FIRST	MIDDLE		LAST	20	DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
by be 3 death death	(STPE	Francis	Allen	Gr	iffin, Sr		6-12-85		1:13a M
may bo	3. SE	4	. RACE	5. DATE	OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 ector rs afi	1	Male	White	01	18 1	. ŠÔ4	81 _{YRS.}	MONTHS DAYS	HOURS MIN.
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in 72		ennsylvania	U.S.A.	WIDOW			Prince George'	S	MD.
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ours a	JSU	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)	spical		Operator		- Cocarane
m 24 h	N	Iaryland P.G		rdale			610 Carters La	ne 207:	37
1 6 1/1	14 FA	THER'S NAME		AST	15. MOTHER'S MA		WIDDLE	LAS	Ţ
patr 8 1		William William		ffin		abeth		All	en
n and Poge		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES GIVE	WAR OR DATECT	AL SECURITY NO.	17 INFORMANT		ADDRESS		1.0-
ابه نره ه		No	578-	18-4206A	Beatrice	e O. Gr	iffin (Wife)	Same as	
physici npoper naval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	is Amest				BETWEEN	MATE INTERVAL ONSET AND DEATH
that the death by the attendi ase remove car all, cremation, ar		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A COM (b) Attheway DUE TO, OR AS A COM (c)	sclerotie c	monary a	nting dr	venturales anhap	and year	n
equires in signed. Then ple	NO	PART 2 OTHER SIGNIFICANT CO			NOT RELATED TO	THE TERMINA	al disease or condition G	IVEN IN PART 10	
on. hos bee t permit. ene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIC	N WAS PERFORM	ED	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES	
CIAN: The physicion strifficate had al-transit print Hygier mid Hygier em 18 slo		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONT P.M.	TH DAY YEAR	21c. HOW INJUR	RY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)	
G PHYSI offending er this ce s the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDIN pital or TTOR: Af- far use a af Healit		220. I certify that (I) (this hospital saw the deceased alive on above, (I) (this (did) (dia nor)	6/11	O N	nd that in (my) (19	th occurred on the date and ha	ur and from the	that (I) () last causes stated
AL OR A y the hos (AL DIRECTED Getoched are Dept.)		22b. SIGNATURE Byy D.	Johnson		M.D. ATTE		MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	SIGNED 12/85
TO HOSPITAL TO FUNERAL should be de with the Start IMPORTANT:		Byrl D. Johns	V	911 211	22e. ADDRESS	ioonah	ry Rd., Riverd	olo Ma	20727
TO H with with William Pour	0.0			100	<u> </u>			are, MG.	20/3/
BP		URIAL, CREMATION, REMOVAL BULL BULL BULL BULL BULL BULL BULL BU	23b. DATE 6/14/85		EMETERY OR CREATING		Sui Cland	ePvrG.	Marylan

DHMH - 16 60M 7/84 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, P.A. 739 Baltimore Avenue Hyattsville, Md. 20781 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE 11 1 8 1985



DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

					REG. NO	٥.		
DECEASED NAME FIRST	WIDDLE	LAST			20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
George	Orlando	HAMILI	NO.			6/20/	/85	3:36 pm
3, 5EX	4 RACE	5. DATE OF B			6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	Caucasian	Aun	12 DAY	1909	75	YRS	MOMINS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY		AIEVEDA	-	9 BALTIMORE CITY O		OF DEATH	
Waldorf, Md.	U.S.A.	WIDOWED) DN	ORCED	PRINCE GEO		COUNTY	MD
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		THER INST	ITUTION	12a USUAL OCCUPATI		12b. KIND O	F BUSINESS OR
CLINTON	SOUTHERN MARYLA		TAL C	ENTER	Maintenar			Roads
UAL RESIDENCE (IF NURSING HOME OF			INSIDE C	TY LIMITS?	13e STREET ADDRESS			20601
Md. Char	les Waldo:		ES 🗌	NO 🔀	Box 258-1		erry F	₹d.
4 FATHER'S NAME FIRST	MIDDLE LAST	15		MAIDEN NAM	MIDDLE		LAS	
John	D. Hamilto	חכ	Laur		R.		Verno	חנ
60 WAS DECEASED EVER IN U.S. AR	15 1110 OR O. 1561		INFORMA		ADDRE			
No	213-13	2-8498	Emma	E. Ha	milton,	Same	as li	ine 13
18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), c	and (c).)		1, 4	0.0	- JA	APPROXI BET WEEN C	MATÉ INTERVAL ONSET AND DEATH
	TE CAUSE (a) CARDI	ORESP	IRAT	ORY	ARRES	7		
	DUE TO, OR AS A CONSEO	UENCE OF				77		113/13
Canditians, if any, which	(b) Acui		10 CAI	2DIAL	INFARC	Tion		
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	LIENCE OF					E SA	7
underlying cause last.		VARY	ART	ERY	DISEAS	SE.		
	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 110	3
90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	LEROTIC N	=ART	DISE	ASE	DIABET	ESI	MELLI	TUS
90. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION W	VAS PERFO	RMED	200 AUTOPSY?	20b. IF YES	WERE FINDIN	IGS USED
					YES NO		S [NO
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OR CONTRIBUTING CAUSE OF DE	ATT.	19						
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NOT WHILE AT WORK	The same same same same same same same sam	, rann crey						
220.1 certify that (I) (this hasp	ital) attended the deceased fram	1	. 18	, 19 85		20	19 85	that (I) (we) last
saw the deceased alive an abave, (I) (we) (did) (did no	at) view the bady after death.	, and th	hat in (my)	(aur) apinian d	eath accurred on the do	ite and hour	r and from the	causes stated
22b SIGNATURE	21	- 1	GREE				22c DATE	
1	SJames	1	VI) y	TTENDING HYSICIAN	MEDICAL STAF	IAN 🗌	6.7	28.02
22d PHYSICIAN'S NAME (TYPE'S			e ADDRES	5	8	926 W	Joodyas	rd Rd.
R. DOBSON, M	.D. /R. SAMTANI	M.D.	R. S	amtani	L, M.D. C:	linto	n, Md.	•
230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEME	ETERY OR C	REMATORY	236 LOCATION		2011	41.16
Burial	6-24-85 5	t. Paul	's C	em.	Waldorf	, Cha	rlea,	Md.
24 FUNERAL DIRECTOR	40000	61,519		25a. DATE		25b. REGIST	RAR'S SIGNAL	LRE J. Oct
The Huntt Fune	eral Home, Wa	ldorf,	Md.	10	N 2 5 1985	الم شدة	avidson-V	allows

DHMH - 16 60M 7/84 (VRA 15, 4)

The Huntt Funeral Home, Waldorf, Md.

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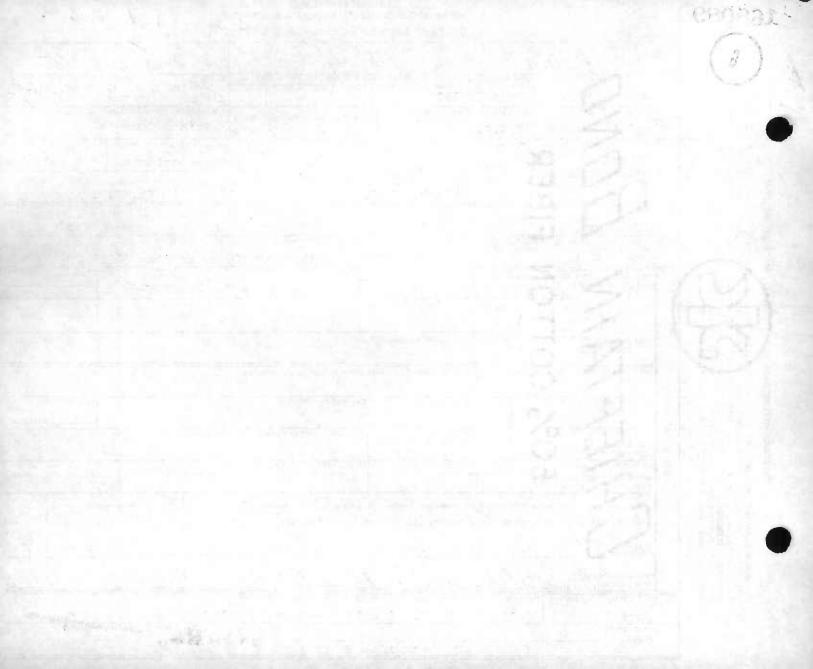
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584544	23a. B	URIAL, CREMATION, REMOVAL 23	b. DATE	23c NAME OF C	EMETERY (OR CREMATORY	LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 17	24 F	UNERAL DIRECTOR	ADDRES				REC'D. BY REGISTRAS 1256 REGI	SID AND SHEWATURE
(VR A15 ME (5))		VÄNN & WILLIAMS	, 4804 G	A. AVE., N.	V.,WA	SH.,D.C.	ON TO BOOK	
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PLEAGE ECTOR. P. PLLES. HOURS STREET,	3. SE)		Willi RACE	5. DATE OF BIRTH	YEAR LAST BIR	YEARS IF UN	lanker	SON IF UNDER 24 HRS	DEATH MATE	MONTH MONTH	13 1985 DAY YEAR	2d. HOUF
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A SHARE	116114	Chever1		Prince	George's	ss) Genera		FO	OR MOST OF WORKING LIFE)	OR INDUST UNK	RY
AND SOUTH OF	13a. S	TATE RYLAND	13b. COUP	OR OTHER INSTITUTION, G	13c CITY OR TOWI LANDOVER	N	13d. INSIDE C	117 LIMITS? 132 ST	REET ADDRESS OF ARCHED	PLACE	207	84
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MAN W		18 CAUSE OF PART I DEA	TH WAS CALISE	D RV.	e for (o), (b), and (c).) unshot wou	nd of	baak				APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
ARDED TO THE CHIEF MEDICAL EXAMINER ALC AGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PR ATE DEPARTMENT OF HEALTH AND MENTAL HYGE 1201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	NOI	gove rise couse (o) s lying couse PART 2 OTHER SIGI	NIFICANT CONDITIONS	(b)	R AS A CONSEQUENCE		E OR CONDITIO	N GIVEN IN PART 1 (a).				
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SIGN TO BE	MEDICAL CERT	216 EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OC	XOR G ☐ CAUSE OF	DEATH 1:00	A. MONTH DAY YE	85 Su	bject		er mature of Imjury in Ite	M 18 PART 1 OR PAR		NOG
	ME	WHILE		STREET, FAC	tory, farm, etc.)	S	TREET	ounge, Ge	city or town	er Hwy,	,Landove	MDSTATE
ARYLAND,		22 a . I certify death resulted		ge of the remains de	Accident ,	Suicide	-		Inquiry ,	and in my ap	inion	
ERAL D		ACTUAL SIGNATURE_	-	10	/	м	Assis	atant	DICAL EXAMINER	DATE	6/13/8	35
PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	22. 5	EXAMINER'S N (TYPE OR PRIN	T) Gree		auffman, M		ADDRESS_	111 Penr		to.MD.		
- 4 6 0	(5	JRIAL, CREMATI PECIFY) BURIAL JNERAL DIRECT NAME	ON,REMOVAL OR	23b. DATE 6/17/85	HARMONY		RIAL F	CII	ANDOVER BY REGISTRAR 25b. I	COUN P. G. REGISTRAR'S SI	MARYLA	ND
5 ME (5))	J.	B. JENK:	INS F.H.	7474 LAN	DOVER RD L	ANDOVE	R MD	JUN 25	1985	Devidon	Rendelle	4.

00004-	1	FOR	DEPARTMENT OF HEA	ALTH AND MENTAL HYG	IENE /	7 6 0
186015	11-	STATE REGISTRAR	MEDICAL EXAMINER	'S CERTIFICATE OF	EATH REG. NO.	
		CEASED NAME FIRST	WIDDIE	LAST	24 DATE KNOWNXX MONT	H DAY YEAR 26. HOUR
22.68	TY	James	R.	Harris, Jr.	OL COLL	6-27 1985 M
LEAS OUR EEF	3. SE		5. DATE OF BIRTH 6. AGE (IN YEARS	IF UNDER TYR. IF UNDER 24 H		
2 HE STEE	1	D1 - L		MONTHS DAYS HOURS MIN		6-27 1985 4:30
N Y A B		lale Black	12 11 55 29 YRS.	V-		
NECESSA FUNERAL 5 FOR Y W PRE	FC	DREIGN COUNTRY)		MARRIED NEVER MARRIED		
S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ID, WICHIN 72 HOURS I W. PRESTON STREET,	din c	Tenn.	USA W	DOWED DIVORCED	USUAL OCCUPATION (TYPE OF WORLD	
5 4 8 8 8			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	COTTLER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY
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A TOUR	14. F	ATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN N	AME	LAST
SE S	4	James	R. Harris Si			urd
IMO PA PA PA PA PA PA	16a. '	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO	D. IT, INFORMANT	ADDRESS	
BALTIMORE, MD. 21201 S AFTER DEATH LE ANY GNE PAGES 1.2. AND THE FORM PR. 2. BET AN PAGES 1. AND 2. BET AN WISION OF THE PAGES 1.		Yes	413-04-644	4 Jacqueline	Harris 1335	Gibson Dr.
		18 CAUSE OF DEATH (Enter or	ly one cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N S N S S S S S S S S S S S S S S S S S	13	PART I DEATH WAS CAUSE	TE CAUSE (0) Gunshot Wound	of Chest (handgun)	
STO NOV			DUE TO, OR AS A CONSEQUENCE OF			
WITHIN WITHIN NCIL IN RANGIL IN ITAL HYGH		Conditions, if ony, which gave rise to immediate				
OI W. PR TED WITH V PENCII XAMINE AL - TRAN MENTAL N, OR RE	1.4	cause (a) stating the under				
XECUTEI JG" IN I JG" IN I SAL EXA BURIAL AND M	11	lying cause last.	(c)			
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITHOR THE WORDS. "PENDING" IN PERFORM INTERNINGED TO THE CHIEF MEDICAL EXAMINER AGING. SE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMITS EDERARMENT OF HEALTH AND MENTAL HYGEBLE. OF PRIOR TO BURIAL, CREMATION, OR REMOVAL		PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 1	g .	
NE IN A S A S A S A S A S A S A S A S A S A	NO NO					
ULD WED AL, OLA AL, OL	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION	ON WAS PERFORMED?		20 AUTOPSY?
AITAL SHOUI ORD " CHIEF E USEL TOF H	E	Section 1				(body only)
OF V	W W	21g EXTERNAL CAUSE WAS	116. TIME OF INJURY ADDTOX . I	TE HOW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR	PART 2)
RATIFICATE SHING THE WORNING THE WORNING THE CATE SHOULD BE LEPARTMENT OF PRIOR TO BURNING THE CATE OF THE OF THE CATE OF THE CATE OF THE	3	UNDERLYING XX OR CONTRIBUTING CAUSE OF	DEATH 2:50P.M. 6-27 1985	subject shot h	imself	
VISI FE TING FE TING SEPA	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, 2 STREET, FACTORY, FARM, ETC.)	If LOCATION STREET		
MRIIS ARD SOI 17E	3	WHILE NOT WHILE AT WORK	Home		r., Camp Springs,	COUNTY STATE Prince George
RW/ RW/ STA STA		22-1 46 41 414 1 4	ge of the remains described above, yeld an			opinion., Md.
A TO SEE						opinion
AM RTIF SEC ATH RYL	1	death resulted fram: Natu	ral causes L., Accident L., Suicide		indetermined manner	
A STORES		ACTUAL (WOUL	rte A. Yard	TITLE (SPECIFY)	DAT	E 6-2885
SER SER	1	SIGNATURE	a diffe (4 Coc	M.D. <u>Assistant</u>	MEDICAL EXAMINER SIGI	NED 0-20-03
S C A S C A	-	EXAMINER'S NAME Marg	arita A. Korell, M.D.	ADDRESS 111 Pen	n St., Balto., Me	d. 21201
TO MEDICAL EXAMINER: THIS CERTIF SECULT HIS HE CERTIFICACE, WRITING PAGE 4 SHOULD BE FORWARDED IT TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAGE BALTIMORE, MARYLAND, 21201 PRIO	730 5	LIRIAL CREMATION REMOVALL	236 DATE 236. NAME OF CEMETE	ADDKL33	Bd. LOCATION	
	(100.0	URIAL, CREMATION, REMOVAL	7/3/85 National	Cem.	Madison	Tenn.
07/84 BP		UNERAL DIRECTOR		25a. DATE REGI	D. BY REGISTRAR 256. REGISTRAR'S	
DHMH - 17 (VR A15 ME (5))	34	NAME C Manch	F/H 1101 F. North	JULO	I 1985 - a livinds	son-Randell
(AK WID WE (2))	W	III. L. March	/n llul E. North	AVe.		

1	163040		FOR	
0	TO COUNTY AND	- 1	REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

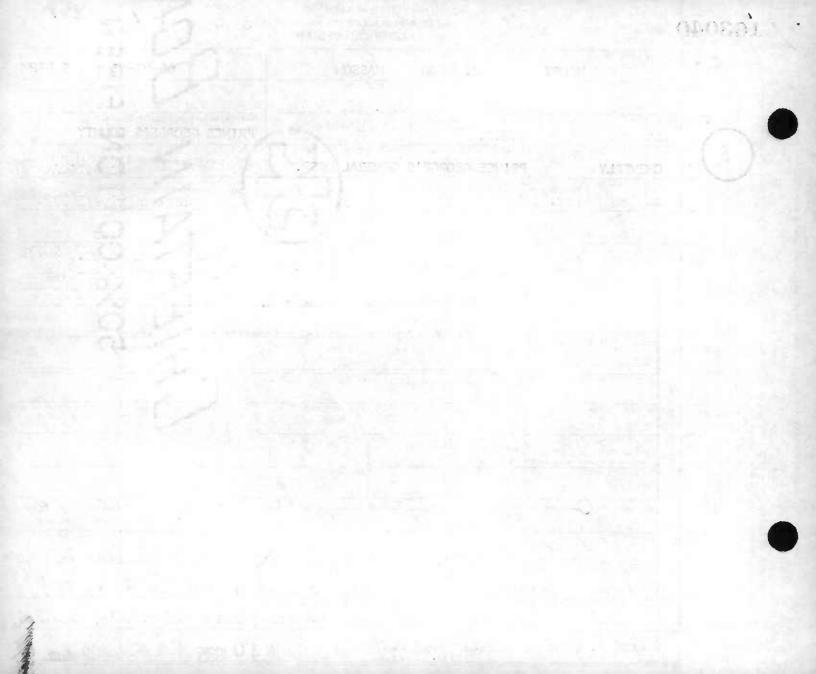
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(TYPE OR PRINT)	NAME	FIRST	1	MIDOLE		AST		20. DATE OF DEATH	момтн	OAY YEAR	26 HOUR
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3. SEX			4. RACE		5. DATE C			AGE (IN YEARS LAST BI	RTHDAY}	MONTHS DAYS	HOURS MIN.
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7a. BIRTHPLAC	E (STATE O	R FOREIGN		WHAT COUNTRY	/? 8	NEVE	R MARRIED	BALTIMORE CITY			
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O CITY OR T	OWN OF DI	EATH		HOSPITAL, NURS				120 USUAL OCCUPAT			F BUSINESS OR
CHEV		400		GEORGE		ERAL I		inplyd Civi	lian	Depar	
13a. STATE		113h COUN	OTHER INSTITUTION	134. CITY OR TO		13d. INSIDI	ECITY LIMITS?	ITEMAN 13e.STREET ADDRESS			
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Willi			ketts	Hasso			Ella			Rees	
60 WAS DEC			MED FORCES?	166 SOCIAL SEC		17 INFOR		14638	Dunba	rton Dr	20772
Yes	UNKNOWN)	WI	I	577-28-	5464	Joan	ne C. Has	son-Upper	. 1	Marlbo	ro.Md
18 CAL	SE OF DEA	TH (Enter on	ly one couse per	line for (a), (b),	and (c), I				9	BETWEEN	IMATE INTERVAL ONSET AND DEATH
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Condi	ions, if on	y, which	(1b)	Meta.		CA	denoca	rainina	(prin	nany	
gove	rise to in	nmediote	SUE TO O	R AS A CONSEO	UENCE OF			Site	unKn	(242)	
under			(6)	K AS A CONSEC	DENCE OF				76.7		
PART 2	OTHER SIG	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO	D DEATH BUT	NOT RELAT	TED TO THE TERMIN	NAL DISEASE OR COM	IDITION GI	VEN IN PART 16	
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Ĕ								YES NOT		FYING CAUSES	OF DEATH?
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ORCON		CAUSE OF OEA	III	M. MONTH	DAY YEAR						
	URY OCCU		21e PLACE		19	21f LOCA					
WHILE AT WORK	NOT Y	WHILE	(AT HOME STA	REET, FACTORY, OFFICE	E FARM, ETC }	511	REET	CITY OR TO	NWC	COUNTY	STATE
	M1 11	OAIL	tal) attended th	e deceosed from	5-20		10 85	10 6-5		10 85	that (I) (a) ost
sov	the derec	sed alive an	t view the bady	19.	8-5-, 01	nd that in f	ny) (our) opinion de	eath occurred on the c	late and ha		
	NATURE	(did) (did na	t view the body	atter death.		DEGREE			-	22c DATE	SIGNED
	11	. (A.	la		un	ATTENDING A	MEDICAL STA	FF CLAND	Turno	6 1005
22d. PH	rstetan's n	VAME (TYPE	R PRONT)	mag	/	22e. ADDI		DIKECTOR PHYSI	CIAN	Tarrie	6, 1985
	Loui		teral	0.00		64	92 1001	lover Rd	100	die	red
23a. BURIAL, G			23b DATE	230	NAME OF C		OR CREMATORY	123d LOCATION	201	.,-,,-	
(SPECIFY)	Buria	_	6/8/8				Cemetery	CARL GO DOLLAR	d(Pr.	Geo's)	Mary land
24 FUNERAL	DIRECTOR							REC'D BY REGISTRAL			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

Richard A. Coleman Funeral=Upper Marlboro, Home Md. 20772 TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

N 1 0 1985 Sia Davidson Panders.



	w nor write	2/1		REGISTRAR EASED NAME FIRST	WIDDIE	l	AST	REG. NO.	ONTH DAY	YEAR 2b F	HOUR
2 '	25.	16	(TYPE	Chris	tine Elizabet	:h	HAWKINS	June23,1985		4	:00am
LOW.			3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD	MONIMS	DAYS HOL	VDER 24 HRS
7 46	1000		I	Female	Black	Ma	y 2, 1942	43	YRS	DATS	IRS MIN.
od .	02 1	0		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D W NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DE	ATH	
Second	(6)	1		New York	USA	WIDOWE	DIVORCED	Prince Ge		660	MD
1	8	2	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) IND	KIND OF BUS USTRY	
-	1	1	4	Lanham	Doctors' Hospita		Pr. Geo. Co.	Dept. of Tr	ans. I	P. G.	Co.
1		3	13a. S	TATE Md	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. CITY OR TOWN Landove:	N	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / Z 2207 Colum		207	23
1X		1	4. FA	THER'S NAME FIRST	AIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	
P	16/6			Charlie	Batt		Beatrice	e	Gre	en	
non.	de de	1	16a W	(AS DECEASED EVER IN U.S. AR/	WAR OR DATES)		17 INFORMANT	ADDRESS			
ž	1.70 m	/		No	246-66-	8108	Mr. Henry	M. Hawkins/h		APPROXIMATE	
hat the death certifica	by the attending physical components of remove corbon page. It creamings, as remove other transmarks event,		Share SIL	PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUE (b) HEPATOR DUE TO, OR AS A CONSEQUE	NCE OF	SYNDROME,				
5	produce of the control of the contro		_	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN P	PART I (a	
8	五 4 4 4		ě	Acute Renau							
he law		4	TIFICA	6/15/25	unstable hemo	dvma	mic critical		Ob. IF YES, WERE N CERTIFYING C YES [AUSES OF D	
CIAN D	mother (7	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR	PART 2)	
G PHYS otheridin	the but		MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COL	YTML	STATE
spirol or	for use a of Health				al) attended the deceased fram 19 C	35 -, a	nd that in (my) (aur) apınıan o	, tadeath accurred an the date	and have and for	, 11101	(I) (we) last es stated
At OF J	At Dille detoched ote Doot.	,	9	22b. SIGNATURE	285		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		DATE SIGN	NED .
F 6	E 45 5			22d. PHYSICIAN'S NAME (TYPE O			34 C5 Hame				-

DHMH - 16 60M 7/84 (VRA 15, 4)

John T. Rhines Co., 3015 12th St.N.E., D.C. 20017UN

230 BURIAL, CREMATION, REMOVAL 23b. DATE 6-27-85 24 FUNERAL DIRECTOR

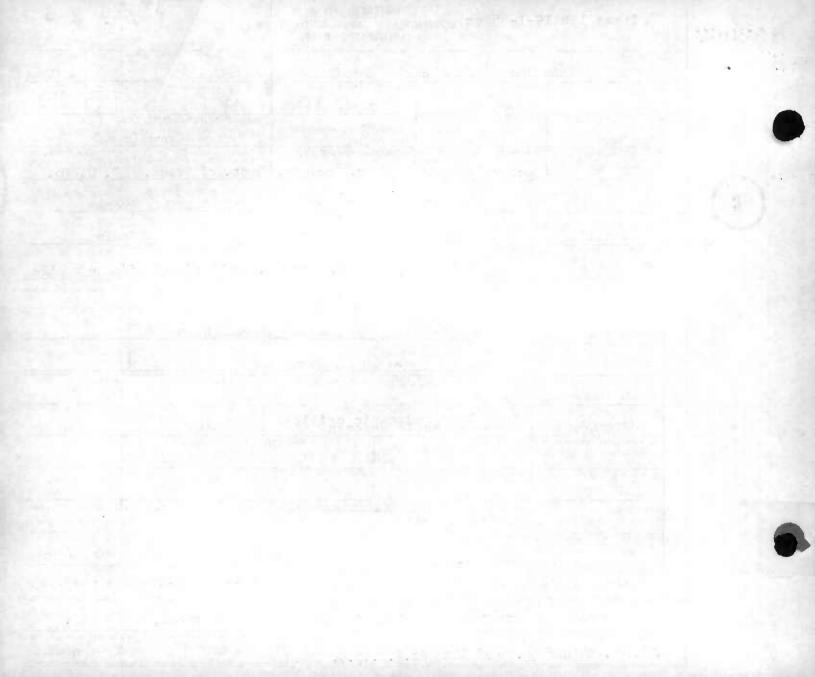
23c NAME OF CEMETERY OR CREMATORY Ft. Lincoln

23d. LOCATION
CITY OR TOWN
Brentwood,

Md.

STATE

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



168016

тау ре

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENT

AL HYGIENE

	REGISTRAR				CERTIFI	CATEOF	EAIN	F	EG. NO.		
	CEASED NAME	CHARLES		LBERT	L	HAYES		JUNE	ATH MONTH	1985	26 HOUR 9:43P
				LDEKI				6 AGE (IN YEARS		IF UNDER 1 YEAR	1
3. SEX	(4. RA	CE		5. DATE O		YEAR	AGE (IN TEAKS	LASI BIRTHDAY)	MONTHS DAYS	HOURS MIN.
1	Male		White		4	6	30	55	YR		
	RTHPLACE (STATE	OR FOREIGN 76 CT	TIZEN OF W	HAT COUNTRY?	8.	XXIEVER A	AARRIED -	9 BALTIMORE			
	Md.	T	I. S.	Α.	WIDOWE		ORCED	Princ	e Georg	ge's	N
10. CT	TY OR TOWN OF E			OSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL OCC			OF BUSINESS O
anl	ham			Hospita		Pr. Geo	. Co.			d-Titt	
		URSING HOME OF OTHER	INSTITUTION G	IVE RESIDENCE BEFORE	E ADMISSION)						
130. 5	STATE	13b. COUNTY		3c. CITY OR TOW		13d. INSIDE C	NO T			odee, Md.	
14 FA	THER'S NAME	Pr. Geo	rge F	itchel	VIII	15. MOTHER'S	MAIDEN NAM	AE AE	натта	ndale	Terr.
	FIRST	MIDDLE		LAST	367		FIRST	M	IDDLE	-	LST
16- 14	John	ER IN U.S. ARMED F	CODCESS II	6b. SOCIAL SECU	IDITY NO	17 INFORMA	Cthel		ADDRESS -	?	
	YES, NO OR UNKNOWN)			68. SOCIAL SECT	JKIII NO.	17 INTORMA				Terr.	
	Yes			17-26-	9237	Veror	rica A	.Haves	Mitc	helvil	le Md.
	18 CAUSE OF DE	ATH (Enter only one	couse per li	ne for (a), (b), an		140	845. A T	^	1	BETWEEN	XIMATE INTERVAL ONSET AND DEATI
	PART I. DEATE	I WAS CAUSED BY: IMMEDIATE CAL	USE (o)	andis	Pul	mono	my	Arres	T		
	THE STATE OF THE			AS A CONSEQU	ENCE OF		1	The Party			
	Conditions, if a			AS A CONSEQUI	ENCEOI		7			1212	
	gove rise to	immediate	(b)								
	underlying ca		DUE TO, OR	AS A CONSEQU	ENCE OF						
			(c)								
NO	PART 2 OTHER S	IGNIFICANT COND	ITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	RCONDITION	GIVEN IN PART 1	1a
CERTIFICATION	19a. DATE OF OPE	RATION I	96 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPS	r? 20b. IF	YES, WERE FIND	
FIC		-011						YES T N	O TX	RTIFYING CAUSE	S OF DEATH?
ERT	21a. ACCIDENT WAS	UNDERLYING 7	16. TIME OF	INJURY		21c. HOW IN	JURY OCCURR		-	18 PART 1 OR PART 2)	
_	OR CONTRIBUTING	1	HOUR A.M	MONTH D							
MEDICAL	(IF EITHER, NOTIFY A		P.M		19	014 1064714	201				
AED	21d. INJURY OCC	1	1e. PLACE O	F INJURY ET, FACTORY, OFFICE, I	FARM, ETC)	21f LOCATIO)N	C	TY OR TOWN	COUNTY	STATE
-	AT WORK AT	WHILE							0.00	-	
		(1) (this hospital) a			6	110	19 85	to 6	10	19 85	, that (1) (we) le
	sow the dece	eased alive on e) (did) did not) viev	6 110	ter death	85 an	nd that in (my)	(our) opinion o	leath occurred o	n the date and	hour and from th	e causes stated
	22b. SIGNATURE	201				DEGREE				22c. DAT	ESIGNED
		1400	dm	0			TTENDING PHYSICIAN F	MEDICAL DIRECTOR	STAFF	6	/11/85
	22d. PHYSICIAN'S	NAME (TYPE OR PRINT	1)	7		22e ADDRES		, Janeer OK		1 0,	1 1 1 0 0
	Rajan S	Good, M.D.				6911	Laurel	Bowie Ro	ad, #20	09, Bowi	e, Md.20
						1					
	BURIAL, CREMATIC (SPECIFY)		. DATE			EMETERY OR		23d. LOCATIO		COUNTY	STATE
	Buria		-14-8	35 Mo	unta	in Vie	ew Cem			Howar	
24. FL	Truman	Schwah	5157	Baleto	Mat	17 Pil	ZE 250. DATE	REC'D. BY REG	P	SISTRAR'S SIGNA	
U .	TTAMICAL	DCIIWan	ノエノ	Det.	. TACE O	T . T .			P. A	- 1	Manda Bil

5151 Barto.Nat'l.Pike #21229

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal

Exercise the second of the sec

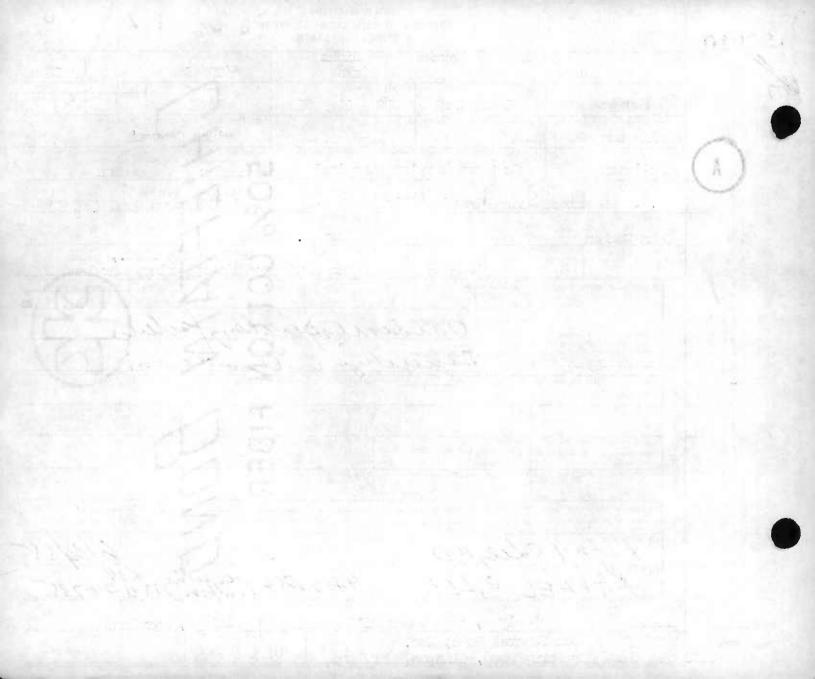
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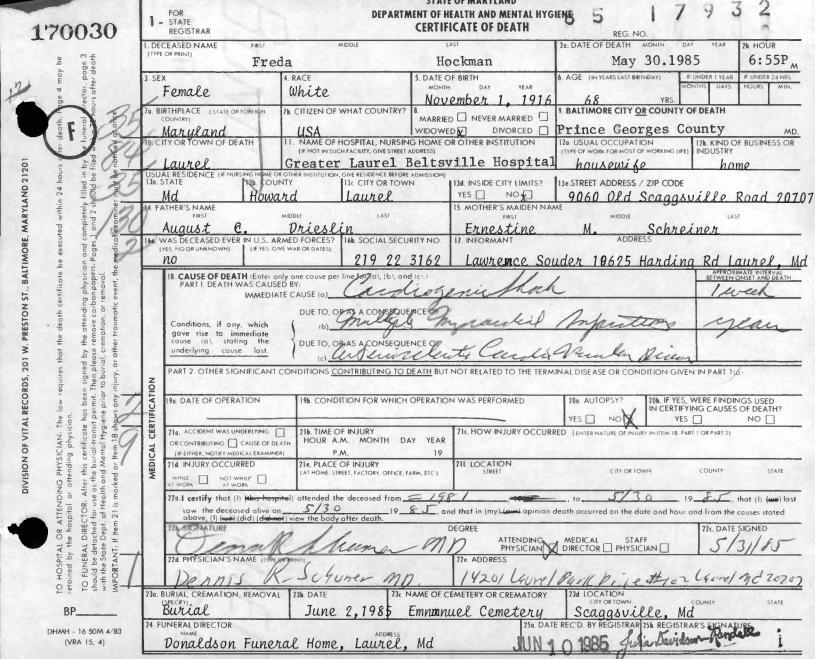
LORGE ASED NAME TRIVAGINES Manch March			DEPART	MENT OF HEALTH AND MENTAL I	REG. NO.	, ,
SEX SEX Female Caucasian T2 01 90 Sex Female Caucasian T2 01 90 Sex Female Caucasian T2 01 90 Sex Female T2 01 90	REGISTRAR 1. DECEASED NAME FIRST Agnes MIDDLE Magnes M. 3. SEX 4. RACE Female 76. BIRTHPLACE (STATE OR FOREIGN DOUBLE) Washington, DC USA 10. CITY OR TOWN OF DEATH Clinton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDE MD Prince George Feminal 14. FATHER'S NAME FIRST JOHN Wathen 15. CAUSE OF DEATH IEnter only one couse per line for 100 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A COUNTY PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 199. DATE OF OPERATION 199. DATE OF OPERATION 199. CONDITION FOR 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF INJURY HOUR A.M. MOD	ones Martha	a LAST HICKS		DAY YEAR 25 HOUR	
3. SEX SACE OF BRITH SACE (INTERNAME AND EXPENSION OF STATE OF BRITH TO GO OF STATE OF ST				6/29/85	9:30 pm	
Female Caucasian To BRITHPLACE IDIAL COPORTO TO COMPTY WASHINGTON, DC USA USA WOOMED D NOVER DD NOVER DD NOVER DD Prince Georges WOOMED D NOVER DD NOVER DD PRINCE GEORGES WOOMED D NOVER DD NOVER DD PRINCE GEORGES TO CITY OF TOWN OF DEATH CLIN ON OF DEATH CLIN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL RESUDENCE IF WILLIAMS WOOMED DO THE RESULTING, COFT ESSENGE ESTORE ADMINISTY SOUTHERN MAY LAND USUAL RESUDENCE IF WILLIAMS WOOMED DO THE RESULTING, COFT ESSENGE ESTORE ADMINISTY THORPOOLING USUAL RESUDENCE IF WILLIAMS WOOMED OR OTHER INSTITUTION USUAL RESUDENCE IF WILLIAMS WOOMED DO THE RESULTING, COFT ESSENGE ESTORE ADMINISTY THORPOOLING WASHINGTON DO THE WILLIAMS WOOMED DO THE RESULTING CONTROLLING THORPOOLING WASHINGTON DO THE WILLIAMS WOOMED DO THE RESULTING TO THE RESULTING TO THE WASH DO THE WAS	3. SE			5. DATE OF BIRTH		
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Washington, DC USA WOOMED DNORCED DT PINCE Georges 19. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME RISTITUTION CI INTO SOUTHERN MATY LAND HOSPITAL DESTRUCTIVE INTERIOR OF HOSPITAL NURSING HOME RESTRICTIVE OF REST	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	BASTIMORE CITY OR COUNTY	OF DEATH
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The control of the	100			NG HOME OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LIFE	
15. MOTHER'S NAME MODIE LAST 15. MOTHER'S NAME MODIE LAST 16. MOTHER'S NAME MODIE LAST MODI	USU 13a	STATE 13h COL	INTY 13, CITY OF TOW	IN BIRLINGING CITY HAAITS		Road (20748)
New Was Deceased ever in U. S. Armed Forces? 16b Social Security No. 17 Informant 1400 Castle Blvd., #802 NA 150 NA 140 NA 140 NA 150 NA	0	ATHER'S NAME FIRST		15. MOTHER'S MAIDEN	NAME	
18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and (c)	100					vd., #802
18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and ic:	N	O NA		Agnes Kauf	fman Silver Spring	, Maryland 2090
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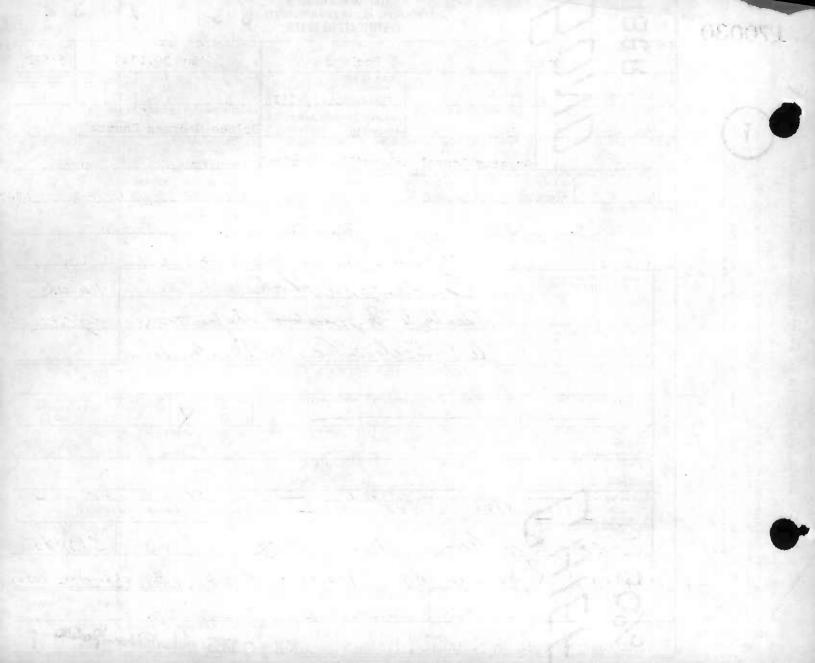


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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE .. - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR L DECEASED NAME 20. DATE KNOWN XI TYPE OR PRINTI ESTI-JOSEPH HUGHES DEATH MATED D. 30 1985 4. RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 4:30 AM Male White Jan. 26. 1934 51 DEAD 1985 30 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Pennsylvania U.S.A. WIDOWED T DIVORCED Prince George's County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS Wash. Post Teland Memorial Hosp. Printer Riverdale Apt. #101 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland P.G. Hvattsville 3837 Hamilton Street 20781 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Cummings Sally B. Hughes E. Harold ADDRESS Address Same as 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) No# 13. Mrs. Nancy Louise Hughes 579-46-4958 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thoracic trauma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 😾 NO [210. EXTERNAL CAUSE WAS 216. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING BOR xx 6-30-Subject pinned under wheel of his van. CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK street 3837 Hamilton St., Hyattsville, Prince George's Autapsy X 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Accident X Hamicide death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-1-85 DATE SIGNATURE 111 Penn St., Balto., MD 21201 EXAMINER'S NAME Ann M. Dixon, M.D. TYPE OR PRI 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Allen Union Cemetery Northampton Pa. July 5,1985 Northampton Burial 07/84 BP 25M 24. FUNERAL DIRECTOR **DHMH - 17** Gasch's Sons F.H. P. A. Hyattsville, Maryland (VR A15 ME (5))

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Male ... White ... atam. 28, 1934 31

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370-46-058 Pris. Know Louise Hugher No. 17.

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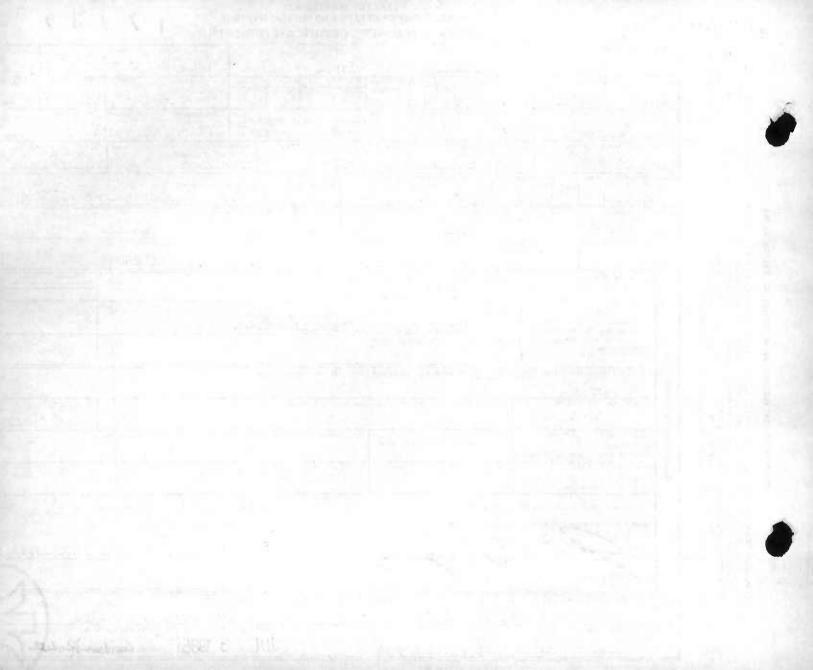
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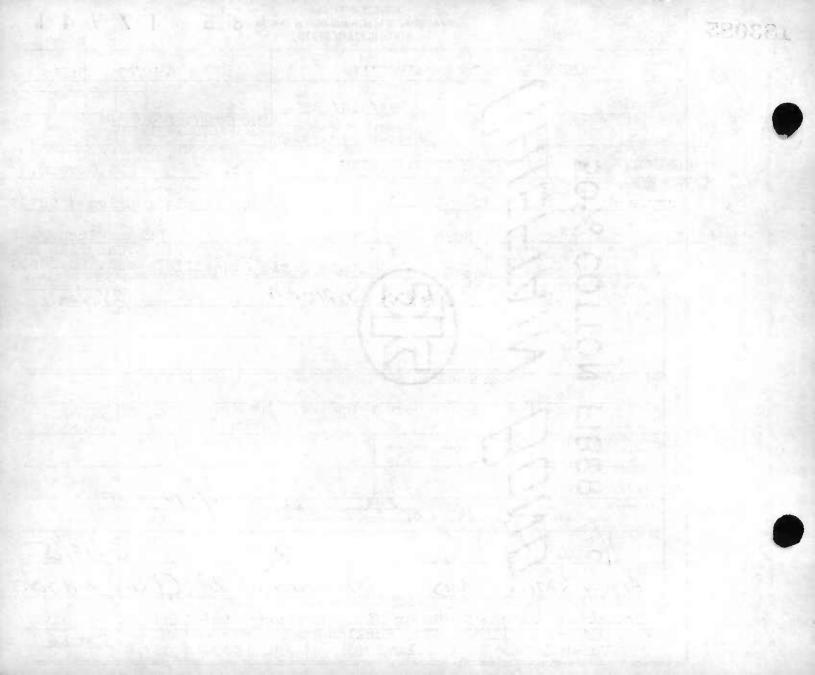
DIVISION OF VITAL RECORDS

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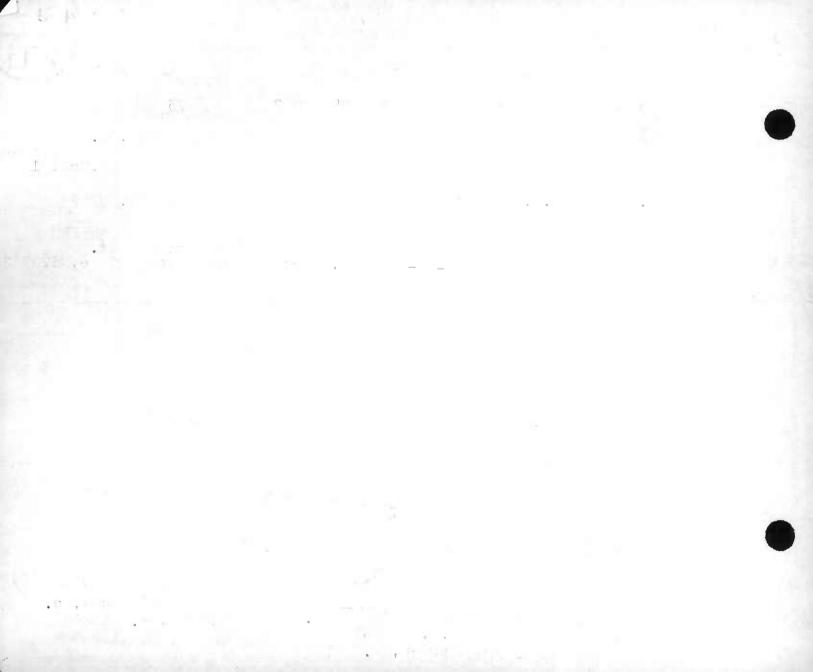
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1	3. SEX	4 RACE		5 DATE OF BIRTH	YE AR	AGE (IN YEARS LAST BIRT	MONTHS	DAYS HOURS	R 24 HRS MIN.
K A	Female	Whi		04/ 18/ 2	29	56	YRS.		11.0
of ST ho	70 BIRTHPLACE (STATE OR F COUNTRY) Penna	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MA		BALTIMORE CITY OF			MD.
1	CLINTON			G HOME OR OTHER INSTITU D'HOSPITAL	(1)	USUAL OCCUPATION OF WORK FOR MOST OF Sec.	WORKING LIFE) INC	KIND OF BUSIN OUSTRY IS Gove	
1350 W			GIVE RESIDENCE BEFORE	1 134 INSIDE CITY		STREET ADDRESS /			
	Maryland 14 FATHER'S NAME	PG	Lembieн	ills YESK N		306 St C	lair Dr	ive	20748
19/10	FIRST	MIDDLE	LAST	FIR:		MIDDLE		LAST	
100	John 160 WAS DECEASED EVER	C ADMED EODOESS	Zosh	Anna RITY NO. 17 INFORMANT	T	ADDRE:	Urban	avitch	7.7
7 4 4	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)					616 S.C		
64 4	NO		1179-24-	8701 Tonie	Marie	Jannell	ise was	n. DC	20003
physic on-physic embedd owent, th	PART I. DEATH W	H (Enter only one couse per AS CAUSED BY: IMMEDIATE CAUSE (0)	45	Rive SORC	OMA		3	APPROXIMATE INTE BETWEEN ONSET AND	D DEATH
or re	E Company	DUE TO, O	R AS A CONSEQUE	NCE OF				- (
ave ave	Conditions, if any,								
by the se remo	gove rise to imm couse (a), statin underlying couse	g the DUE TO. O	r as a conseque	NCE OF					
igned en pleo burial Jry, or		VIFICANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT NOT RELATED TO	O THE TERMINA	L DISEASE OR CONE	DITION GIVEN IN	PART lio	
nut Th	190 DATE OF OPERAL	TION 196 COND	ITION FOR WHICH	OPERATION WAS PERFORM	AED	20a AUTOPSY?	20b. IF YES, WER	E FINDINGS USE	D
has be	F				0.00	YES NO	IN CERTIFYING	CAUSES OF DEA	
ronsit Hygie Hygie	210 ACCIDENT WAS UND	110110 1		21¢ HOW INJU		(ENTER NATURE OF INJUR			
od-tr ntol.r	OR CONTRIBUTING (AUSE OF DEATH	.M. MONTH DA M.	Y YEAR					
Mering or the	(IF EITHER NOTIFY MEDICAL STATE OF THE STATE	RED 21e PLACE	OF INJURY	21f LOCATION	1	CITY OR TOY		YIMU	STATE
offer the sond when the sond w	WHILE NOT WH	ILE L	REET, FACTORY, OFFICE FA	RM ETC)		/		01411	STATE
or Aff		(this hospital) attended th	e deceased from	TAV	19. C 3	to 6/	19 8.	thot (I)	(we) lost
pital TOR for u of He	sow the decease	/1	19 8	, and that in (my) (or	ur) opinion deot	h occurred on the do	te and hour and f	rom the couses st	toted
hos REC ept.	22b. SIGNATURE	I/V	Olier dedili.	DEGREE			22	L DATESIGNED	1
AL DAL DIetoc	10	rus Kelle	1 (11~			AEDICAL STAF		2/19/	S
FUNERA UID be de de ORTANT	22d. PHYSICIAN'S NA	AME (TYPE OR PRINT)	70.0	22e ADDRESS	1	/	Ci	1	
etoined by TO FUNERA should be de with the Stot	HARVET	KATZEV	40	8926 4	VCOD XQI	of Rd	C/.NOI	- Md	20735
5 5 5 2 3 3	230 BURIAL, CREMATION,	REMOVAL 236. DATE	23c. N	AME OF CEMETERY OR CRE	EMATORY	23d LOCATION CITY OR TOWN		7	
BP	Cremat	ion 21June		lar Hill Cre		y Suitl		M	ID
HMH - 16 60M 7/84	24 FUNERAL DIRECTORO	bert E Wil		8 Suffland	ROSO. DATE RE	C'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE Ande	00
(VRA 15, 4)	Fur	neral Home	Suit	land MD	JUN	271085	211.71	- Manage	~



84042	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2942
		CEASED NAME FIRST OR PRINT)	MIDDLE J.	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
e 4 may be ctar, page 3 s offer death	3. SE	Lovi	1. RACE (Lette)	5. DATE OF BIRTH MONTH DAY YEAR 4 20 97	6. AGE (INYEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
leoth. Pog in 72 hour	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	TY-OF DEATH SECREC MD
by the fu	2	TY OR TOWN OF DEATH	Presidential	Wrong Freaking	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY OWN Home
n 24 hou	13g M	aryland PG	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV Dist 1	Hgts YES X NO		DE 20747 Hgts Parkway
Oly Condition	L	ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. AI	MIDDLE WAST	15. MOTHER'S MAIDEN N FIRST JETTY NO. 17. INFORMANT	AME MIDDLE ADDRESS	nalison
(B)		YES, NO OR UNKNOWN) (IF YES, GI	578-01	-2144 Erna Well	s same as #13	AND A
		PART I. DEATH WAS CAUSI	nly ane cause per line for (a), (b), and ED BY: TE CAUSE (a) Texture		Miombons	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce offending ove corbi		Canditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF		0
ING PHYSICIAN: The law requires that the death certif the beautiful 24 hours of contending physician. When this certificate has been signed by the attending privical and completely filled in by as the burial-transit permit. Then please remove contendent. Popelling and 2 should be filled in by and Mental Physician prior to burial, cremation of remove.	1	gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOL	ENCE OF	And the same of th	
equires n signed Then ple to buri	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition G	IVEN IN PART 110
he law ration. hos been the prior tene prior tows any	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SICIAN: T ag physici certificate ental Hygi ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM II	8 PART 1 OR PART 2)
DING PHYSICI, or offending parter this certing easthe burial-alth and Mentamarked artitem	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM. ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pital or TOR: 4 far use of Heal		saw the deceased alive or	ot) view the body after death.		n death occurred on the date and h	
the hos the hose to the hose DIRECTORED BY THE		22b. SIGNATURE	a m	DEGREE MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/18/85
o HOSPIT Florid by Phospit Se with the St		22d. PHYSICIAN'S NAME (TYPE		22e. ADDRESS	reling for Mel	Belle Da Mo
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	21June85 Ce	name of cemetery or crematory dar Hill Cemete	ery Suitland	PG MD MD
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR ROBEL NAME 4308 Sui	t Wilhelm Fun tland Road DRESS	eral Home Suitland MD	NE REC'DABY REGISTRAR 25 REG	PEROPOSICIONAL PRE



182020	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 3 5	7 9 4 3
moy be , page 3 ter death	1. DE (TYP) 3. SE	CEASED NAME FIRST SS S S S S S S S S S S S S S S S S S	A. RACE	JENKINS S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	14 85 6 2 AM IF UNDER LYEAR IF UNDER 22 AM ONLY STATE OF THE STATE O
n. Page 4	7a. B	RTHPLACE (STATE OR FOREIGN	BLACK 76. CITIZEN OF WHAT COUNTRY	2 25 1912 8 MARRIED NEVER MARRIED M	7.3 YRS	
ofter death the funeral d with IP 77		VIRGINIA TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (15 NOT IN SUCH FACILITY, GIVE STREE	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	PRINCE GEORG 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	176. KIND OF BUSINESS OR
	130.	AKOMA PARK AL RESIDENCE (IF NURSING HOME O LTATE 136, COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY LIMITS?	GOOK 136.STREET ADDRESS / ZIP CO 650IParkway (
BALTIMORE, MARYLAND 2120 cote the conflictery filled in by poen and 2 should be fill to the conflictery filled in by the conflicter	U	THER'S NAME FIRST NKNOWN VAS DECEASED EVER IN U.S. AF	MIDDLE LAST	15. MOTHER'S MAIDEN NA PRIST DOLLIE	MIDDLE	JENKINS
e con and con the medico		(IF YES, GI	NO 220-24	-5928 Mrs. Grace (650I Par kwa Glascoe Hyat	tsville,Md20782
+ 400 m		PART I. DEATH WAS CAUSE	TE CAUSE (a)	muston fallue	= 1 0 7.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death cert that the death cert by the ottending p sase remove carbon of, cremotion, or rem rather traumatic ev		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	VI Commal VIII	wlar acciden	Th.
requires the rea signed b	NOIL			DEATH BUT NOT RELATED TO THE TERM		
VITAL RECC VITAL Pow hysicion. Gote hos bee rronsit permit Hygiene pric	CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO NO NEER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
는 글 이 두 프 교 중에	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED	R) P.M. 21e PLACE OF INJURY	AY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM TI	
D o P se	W	WHILE NOT WHILE 220.1 certify that (I) (this hosp	WAZWIZI IZ	FARM, ETC STREET	CITY OR TOWN	COUNTY STATE 19 5 , that (I) (we) lost
She ATT haspit DIRECTO Ched fo Oept. of Hem 21		sow the docebsed olive or obove, (I) we (Idid) (did no 226, SIGNATURE)	at) view the body after debth, 19_	ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the date and his	our and from the couses stated
TO HOSPITAL (retained by the TO FUNERAL I should be detained in the Store I	200	128 PHYSICIAN'S NAME (TYPE O	ORPRINTI 0 7575	Munuy CM	me Greenell	HMD 20720
BP	23a. E	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL		NAME OF CEMETERS OR CREMATORY 1. Zion Bapt. Chur	23d LOCATION Ri CIT Farnham Va	chmond, Co
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	NERAL DIRECTOR NAME LUGENO	P.O. F		TE REC'D. BY REGISTRAR 256. REGI	STDAD'S SWENIATRIDAM



\$1988a. They have good to receive some one

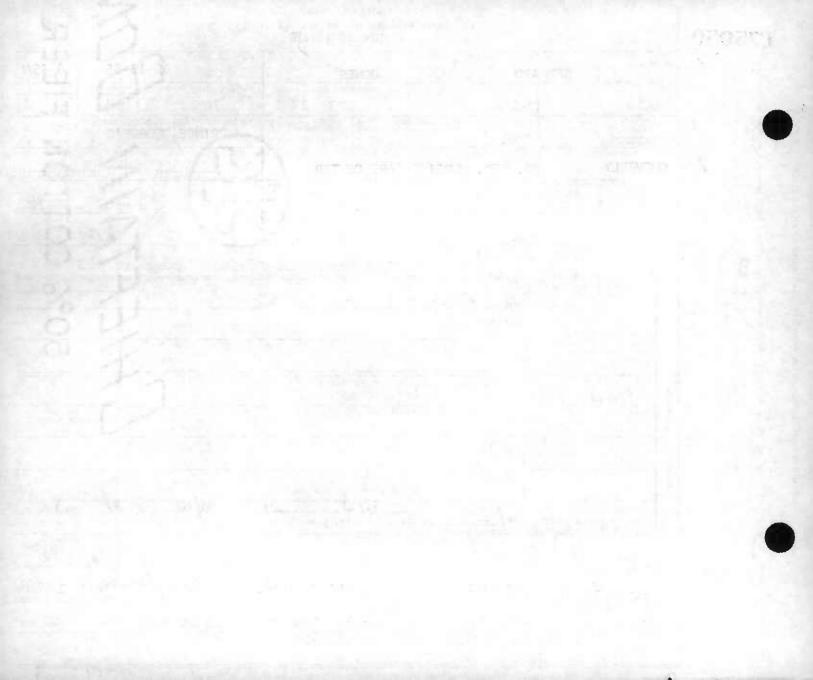
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189087		FOR STATE					AND MENTAL	0 .	3	1 9	1 4	5
1,00000		REGISTRAR				NER'S C	ERTIFICATE		REG	6. NO.		4
/		EASED NAME OR PRINT)	FIRST		WIDDLE		LAST	20	DATE KNOWN OF ESTI-	N MONTH	DAY YEAR	R 2h HOUR
1 199445	(George		Α.	Joh	nson		DEATH MATED	6	28 19 8	35
2000年	3. SEX	4. RAC	E 5.	DATE OF BIRTH	YEAR 6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDE		DATE	HĪNŎM	DAY YEA	AR 2d HOUF
39013			ack	Jan 5	63 22	YRS.	S DAYS HOURS		ONOUNCED DE AD	6	28 19 8	
B (18/1)		RTHPLACE (STATE OF REIGN COUNTRY D. C	71	CITIZEN OF WHA	T COUNTRY?	8. MARRI	ED A NEVER MAR	RIED 9	BALTIMORE CIT	TY OR COUNT	Y OF DEATH	
				USA		WIDOW			Prince	George'		
SHRES	10. CI	TY OR TOWN OF DEA	ATH 11	1. NAME OF HOSPI	TAL, NURSING HOA	ME, OR OTH	ER INSTITUTION	120 USUA FOR MO	L OCCUPATION ST OF WORKING LIFE	(TYPE OF WORK	12h KIND OF OR INDU	BUSINESS
Z SE PA		Cheverly		Prince Ge	eorge's Ge	eneral	Hospital	Une	mployed		None	
W. PRESTON ST., BALTIMORE, MD. 21201 WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS PENCIL IN ITEM 18. GIVE PAGES 1.2, AND 31 OTHE MINER ALONG WITH FORW M. SHOULD BE FILE ENTAL HYGIENE, DIVISION OF THALRECORDS, 2010 OR REMOVAL.		L RESIDENCE (IF IN NO	IRSING HOME OR O	THER INSTITUTION, GIVE	residence before admis 13c. CITY OR TOWN Washing	ton	13d. INSIDE CITY LIMITS? YES X NO	13e STREE	LADDRESS Channi	ing Str	eet, N	E. 97
W ZONING		THER'S NAME		AIDDLE Tolone	1152		15. MOTHER'S MAIL	DEN NAME	MIDDLE			
B 289	Ma	ackerst D	•	Johnson Johnson	on tast		Charl	otte	MIDDLE	It	ngram	
S S S S S S S S S S S S S S S S S S S		AS DECEASED EVER	IN U.S. ARMEI		16h SOCIAL SECUR		17. INFORMANT		ADDR			1 7-34
S AFTER D GIVE PAC TTH FORM PAGES VISION D		MO or grand may	(IF 163, OIVE WA	(OK DATES)	Unknow	n	Mrs. Ch	arlott	e I. Joh	nson/ma	other/s	same
URS /		18 CAUSE OF DEAT	TH (Enter anly a	ne cause per line fo	or (a), (b), and (c).)		as	13e				MATE INTERVAL
CON ST., 24 HOUJ ITEM 18 LONG 18 PERMIT. GIENE, E	9	PART I DEATH W	AS CAUSED B		arcotism						SEIWEENON	VSET AND DEATH
101 W. PRESTON TED WITHIN 24 IN PENCIL IN ITEX AMINER ALCA AL. TRANSIT PER MENTAL HYGIE N, OR REMOVA		XXXX	IN THE STATE OF		S A CONSEQUENCE	E OF						
ANS AL HER		Canditians, if gave rise ta		(b)								
201 W. PRE UTED WITHI IN PENCIL EXAMINER IAL - TRANS O MENTAL HON, OR REA		cause (a) stating	g the under-	< 107	S A CONSEQUENCE	E OF						
ON PARTE		lying cause last.		(c)								
OF VITAL RECORDS, 201 W. PREST ATE SHOULD BE EXECUTED WITHIN: E-WORD "PENDING" IN PENCIL IN HIE CHIEF MEDICAL EXAMINER AI D. BE USED AS A BURIAL - IRANSIT DETT OF HEATTH AND MENTAL HY OBURIAL, CREMATION, OR REMO		PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEATH BU	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN I	ART 1 ig				
ECORDS BE EXE ENDING MEDICAL AS A BL SALH AI	CERTIFICATION											
AL, OAL,	NA TA	190. DATE OF OPERA	ATION	196. CONDITIO	ON FOR WHICH OPE	ERATION W	AS PERFORMED?			11.	20 AUTOPS	SY?
VITAL IN SHOUL ORD "PE CHIEF CHIEF DE USED IT OF HI	E										YES 🕽	NO [
OF VI		110. EXTERNAL CAU		11b. TIME OF II	NJURY MONTH DAY YE	AR 21c. HC	OW INJURY OCCURR	RED LENTER NA	TURE OF INJURY IN ITE	M 18 PART 1 OR PAR	T 2)	
SION NG THE SHOCK PARTIES	15	CONTRIBUTING	CAUSE OF DEA		19							
2 HEEDSH	MEDICAL	216 INJURY OCCUR WHILE NOT		21e PLACE OF STREET, FACTOR	INJURY (AT HOME,		CATION		ITY OR TOWN	COU	INTY	STATE
DIV THIS CI E, WRITH RWARDE PAGE 3 STATE D	-	AT WORK AT W	VORK									o i Ai C
PR: T		22a. I certify that	I taak chasas	Lette remains de CA	bed above, held on	A Autop	y X. Inspecti	on .	Inquiry .	and in my api	inian	
ME WOLLS		death resulted fram	n: porugis	copies Id. ()	ciden -	france	, Hamicide .	Undeterr	nined manner], '		
EXAM CERTIS JUID 8 JUID 8 L DIREC 1, WITH MARY			16	(SA 1)	1//	1	TITLE (SPECIFY)		245			
UNETHE CERTIFIE A SHOULD SE UNITAL DIRECT SECTIN, WITH		ACTUAL SIGNATURE	La	on our	1 Aun 1	M	DActing Cl	hiefedic	AL EXAMINER	DATE	6/29/	/85
NOR A STATE	7	EXAMINER'S NAME			~	7	AND RELIEF					
NO HERE		(TYPE OR PRINT)			nith, M.D.		ADDRESS 111	Penn :	St. Ba	alto.MD.		
24 2 4 2 C	23a.BI	JRIAL, CREMATION, PECIFY)			23c. NAME OF C			23d LOC.	TOWN	COUN	ITY	STATE
07/84 BPOIN	-	burl		7-2-85			m Park	Lar	ndover,	Md.		
25M DHMH - 17	24 F	NAME JOhn	r. Rhin	OC CADDRESS			.,D.C. 200	REC'D. BY R	EGISTRAR 256 R	REGISTRAR'S SI	GNATURE	
VR ATS ME (5)		JOHN .	r • KIIT[]	es co.,30	13 12th S	t.N.E	.,D.C. 200	1121	985	in Dunday	i Mande	R.

164055	1.	FOR STATE REGISTRAR	DEPARTA	179	46			
//		CEASED NAME FIRST	MIDDLE	(AST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
12 25	11111		C. Johnson, Sr.			June 3.	1985	10:40pm
51	3. SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER LYEA MONTHS DAYS	
100	-	Male	Black	Month	arch 5, 1911	74	YRS.) HOURS MIN.
		North Carolina	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Prince Ge	RCOUNTY OF DEATH	MD
of the state of th		iverdale	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. Leland Memorial	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		
24 hours	USU		OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 4506 39 th	ZIP CODE	Schools
of white	14. F.A	ATHER'S NAME	MIDOLE LAST LAST		15. MOTHER'S MAIDEN NAM			LAST
Fogsi -	0	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU		Ms. Freder	ica O. John	son/daughte	r/same as
been signed by the attending mit. Then please remove carbo prior to burial, cremation, are any injury, ar ather traumotics.	CERTIFICATION	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) The Posc DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	COCO NCE O DEATH BUT		2 dise 874. INAL DISEASE OR CONF	DITION GIVEN IN PART I	
he lov on. hos b t perm ene pr	TIFIC					YES NO	IN CERTIFYING CAUSE	
g physici g physici g physici entificate rial-transi ental Hygi tem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
offendin offer this of the burked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR FO	wn COUNTY	STATE
ITAL OR ATTENDIS by the hospital or RAL DIRECTOR: A detached for use state Dept. of Healt NT: If them 21 is mo		saw the deceased above; (1) (we) separated no 27h SIGNATORE	tol) offended the deceased from	, ar	, 19 dthat in (my) (aur) apinian conferee ATTENDING PHYSICIAN	MEDICAL STAF	ate and haur and from th	that (I) (we) last ne causes stated TE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be deter with the State	-	22d. PHYSICIAN NAME ITYPE OF	M.D.		4713 Berwyn		ge Park, MD	20740
BP	·	SPECIF Burial SPECIF Burial			t. Mem. Park	23d. LOCATION CITY OR TOWN Laure		Md .
DHMH - 16 60M 7/84	24 FL	JNERAL DIRECTOR T. Rhines	Co.,3015 12 th	t. N	E D C 200	REC'D. BY REGISTRAR	25h REGISTRAR'S SIGNA	- Pandete

DHMH - 16 60M 7/84 (VRA 15, 4)

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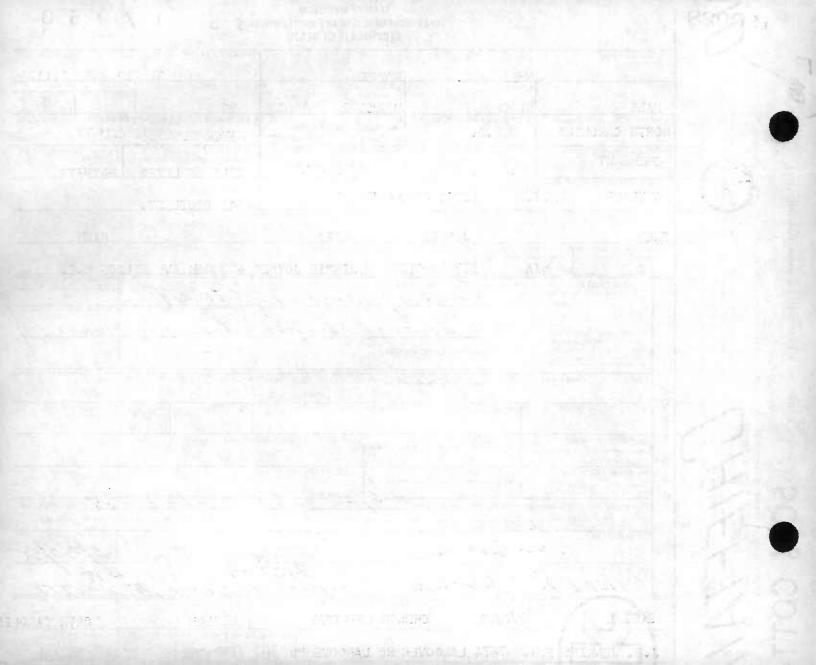
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177058		OR STATE				MENT OF H				IYGIENI	E		7 9	4	1
211000	F	REGISTRAR		MI		EXAMINE	R'S CE	RTIFIC	CATEO	OF DEA	TH	REG.			
		EASED NAME	FIRST		MIDDLE		LA	ist			OF DATE K	NOWN	MONTH	DAY YEAR	2b. HOU
関係は発出	,	0.11.11.11	Aller	1	Reese		Jo	nes			DEATH /	ESII.	6/14	1985	18:25
ACESE TOTAL	3. SEX		4. RACE	5. DATE OF BIRTH	Н	6. AGE (IN YEAR	IF UND	ER 1 YR.	IF UNDER		c. DATE		MONTH	DAY YEAR	10 424
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	M	ale	White	Jun. 10,		59 YRS	MONTHS	DAYS	HOURS	MIN_ F	PRONOUNG	ED	6/14	1,85	TA: 4
32,36	7a. BIF	THPLACE (ST		76 CITIZEN OF V						450		RE CITY	OR COUNTY		,
SHA SHE	FOR	REIGN COUNTRY)							VER MARRI	IED XJ					
25003 H	10_CIT	Y OR TOWN	OF DEATH	11. NAME OF HO	SPITAL NI		WIDOWEI		DIVORC		AL OCCUPA	ce G	eorge':	LOUN KIND OF E	
NAME OF STREET				(IF NOT IN SUCH	FACILITY, GIVE	STREET ADDRESS)	JK OTHER	(11431110	11014		OST OF WORK		TPE OF WORK	OR INDUS	TRY
HON THE		Brentwo		OR OTHER INSTITUTION	uincy	Street			100						
8 50 500 50 50 500	13a ST		136 COUP	VTY	13c. CITY	ORTOWN		3d. INSIDE C	ITY LIMITS?		ET ADDRES				
44968	Ma	ryland	Prince	e George'	s Bi	rentwood		YES 🗌	NO 🗌	390	7 Qui	ncy	Street	207:	22
A THE STATE OF	14. FA	THER'S NAME		MIDDLE	100	LAST	- 1	5 MOTHE	ER'S MAIDE	EN NAME	MID	DLE		LAST	
\$ 505,00															
N SACONA	16a W	'AS DECEASED	DEVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURITY	10.	7. INFORA	MANT			ADDRE	SS		
A A GE	100	Unkn.	(# 703, 314	. WAR OR DAILS)			100								
L PAG DIVISA		18 CAUSEO	F DEATH (Enter or	nly one couse per lin	ne for (a), (b), and (c),)						-		APPROXIMA	TE INTERVAL
S S S S S S S S S S S S S S S S S S S		PARTIDE	ATH WAS CAUSE	D BY:		nyocardi	al d	iseas	se					BETWEENONS	SET AND DEATH
PRESTON ITHIN 2. H CIL IN ITEM VER ALON ANSIT PER AL HYGER REMOVA			IMMEDIA	TE CAUSE (U)		SEQUENCE OF									
PREST			ns, if any, which			obstru		0 011	lmona	wy di	50250				
W. PRES			stating the under	- · · · · · · · · · · · · · · · · · · ·		SEQUENCE OF	CLIV	e pu	HIIOHa	ry ui	sease	•			
201 W. PRE UTED WITH IN PENCIL IN PARINE SAL-TRANY D. MENTAL P.		lying cau		00210,0	K AS A COI	42EQUENCE OF								1 300	
L RECORDS, 201 JUD BE EXECUTED "PENDING" IN 1 F MEDICAL EXA HEALTH AND M IL, CREMATION,		DIOY & DIVING CH	AND COMPANY OF THE PROPERTY OF	(c)											
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" RRED TO THE CHIEF MEDICAL JE 3 SHOULD BE USED AS A BURN TO BE DEPARTMENT OF HEALTH AND TO PRIOR TO BURNALL CREMATIC	z	PARI 2 DINER SIL		CONTRIBUTING TO DEAT	_		IL OISEASE O	R CONDITIO	N GIVEN IN PAI	RT 1 (a).					
RECO PENDI MEDI AS A SA EALTH CRE/	2			nic alcoh											
TAL RECOR	N V	19a. DATE OF	OPERATION	196. COND	DITION FOR	WHICH OPERAT	ION WAS	SPERFOR	MED?					20. AUTOPS	A.S.
OF VITAL CATE SHOUTE WORD." THE CHIEF LID BE USE MENTOF HE	MEDICAL CERTIFICATION		one											YES 🗌	NO X
A HE WE THE WEST	<u>=</u>	216. EXTERNA	L CAUSE WAS	21b. TIME O HOUR A.		DAY YEAR	21c HOV	V INJURY	OCCURRE	D (ENTERN	ATURE OF INJUI	RY IN ITEM	8 PART I OR PART	2)	76.00
SION SHOUL PARTI	OA	CONTRIBUTION	NG CAUSE OF			19		None							
DIVISION SISTEMBLE AND THE DEPARTMENT OF THE DEP	9	21d INJURY C	CCURRED	STREET FA	OF INJURY		21f. LOCA STRI				CITY OR TOWN		COUN	en.	STATE
#34%#C	*	AT WORK	NOT WHILE			14.17					CITORIOWI		COON		SIAIE
IER: TH CATE, W FORWA OR: PA HE STA IND, 21:	3	220 Loored	ly that I took show	ge of the remains di	accribed ob	hald	Autopsy	П		, K)	[
A SUDIES		death resulte		ral causes X,	Accident				Inspection	_	Inquiry L		and in my apin	ion	
RATE OF BE		death resulte	a Irdin: Nort	rai causes (AS),	Accident	, Suici	de L.	Homic		Undefe	rmined man	ner			
Z S S S S S S S S S S S S S S S S S S S		ACTUAL /	/med	01	1/2			TITLE (S	eputy				DATE	6/14/	25
ZER SER		SIGNATURE	-		0		M.D		1010	Somi	CAL EXAMI	NER Doad	DATE SIGNED	0/14/	00
W C TE		EXAMMER'S	NAME JOI	nn S. Rog	ers. M	1.D.			Silve	er Sp	ring.	Mon	tgomery	/. Md.	
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, FORDER 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2		TYPE OR PRIN	TION, REMOVAL					DDRESS_				,,,,,,,,,	-3001	, ,,,,,	
	(SF	PECIFY)			4.1.7.7	NAME OF CEME	IEKY OR (CKEMATO	Y	CITY O	RTOWN		COUNTY		STATE
07/84 BP	24 EU	NERAL DIREC	Removal	6/17/8	2				250 DATE 0	DEC'D DY	DECICEDAD	1265 07	GISTRAR'S SIC	NIATION	
DHMH - 17		NAME		ADDRES					JUN	9 1	MAK	- 4			00
(VR A15 ME (5))		F	Anatomy E	soard	Ba.	lto., Md	•		0011	41	1000	Jun	a Davidson	- Mariae	DC-



		FOR			DEPART	MENT OF	HEALTH	AND MENTAL H	YGIANE I			7 64	7
72053		STATE REGISTRAR		MI	EDICAL	EXAMIN	ER'S C	ERTIFICATE C	F DEATH	REG. N	NO.		3
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1. DEC	EASED NAME	FIRST		MIDDLE			LAST	2a. DA	E KNOWN		DAY YEA	AR 2b. HOUR
# ~ i & L	(TYPI	OR PRINT)	MICHAE	न्प.	Α.		т.	ONES	0	ESTI-	0 6	13 198	5
MEESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS V PRESTON STREET,	3. SEX		4. RACE	5. DATE OF BIRTI	1	6. AGE (IN YEA	ARS IF UN	DER 1 YR. IF UNDER			нтиом		AR 2d HOUR
Z ST Z ST	Ma	1e	Black	8 14		13 YE		S DAYS HOURS		DUNCED	6	13 198	5 2:24
SZO		RTHPLACE (SI		7b. CITIZEN OF V			2		9. BAL	IMORE CITY	OR COUN	TY OF DEATH	
三张//	FO	REIGN COUNTRY	ton,D.C.	USA			WIDOW	ED NEVER MARR		ago Coc	-	s Count	3.7
Total Contract	Marin Company	TY OR TOWN				RSING HOME		ER INSTITUTION	120. USUAL OC				
8/4				Prince	FACILITY, GIVE S	TREET ADDRESS)			FOR MOST OF	WORKING LIFE)		OR INDU	JSTRY
16	100	hever1	(IF IN NURSING HOME C					nosp.	None			None	
1856	13a S	TATE	113b. COUN		13c. CITY	ORTOWN		13d. INSIDE CITY LIMITS?	13e. STREET AD			1997	225
*		V .	747		For	restvil	lle	YES NO		Alberta	ur.	70/0	
11		THER'S NAME		MIDDLE		LAST		15. MOTHER'S MAIDE	ENNAME	WIDDLE		LAST	6.0
00		ooker		Τ.	Jon			Joan 17. INFORMANT		E.		lliams	
1	160 V	VAS DECEASEI ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY	r NO.			ADDRES			
1	No				N-	one		Mrs. Joa	n E. Wi.	lliams/	mothe		
	0	18 CAUSEO	F DEATH (Enter on ATH WAS CAUSE	ly ane cause per li								BETWEEN O	MATE INTERVAL
A PER		915	4	TE CAUSE (o)		o-cerek		trauma					
1 E E E		000		DUE TO, C	R AS A CO	NSEQUENCE (DF						
RA A P			ns, if ony, which se to immediate	(b)									
AE-TR MENTA N, OR		couse (a) lying cou	stating the under-	DUE TO, C	R AS A CON	NSEOUENCE (OF.						
E USED AS A BURIAL- T OF HEALTH AND MEI URIAL, CREMATION, C		3,000		(c)									
WATA		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT REL	ATEO TO THE TERM	INAL DISEASE	E OR CONDITION GIVEN IN PA	ART 1 (a).			10.78	A 11/43
ALT CRE	MEDICAL CERTIFICATION												
¥ /	CA	19a. DATE OF	OPERATION	19b. CONI	DITION FOR	WHICH OPER	ATION W	AS PERFORMED?				20 AUTOP	SY?
_	E											YES X	ON [
	1 2	UNDERLYING	L CAUSE WAS		OF INJURY	DAY YEAR	21c. HC	DW INJURY OCCURRE	ED JENTER NATURE C	F INJURY IN ITEM	IB PART 1 OR P	ART 2)	
AND THE PROPERTY OF THE PROPER	S	CONTRIBUTI	NG CAUSE OF					ssenger of	auto/f	ixed ob	ject	impact	
1	1 8	21d INJURY C	OCCURRED	STREET E	CTORY, FARM, I			CATION	СПУО	RIOWN	C	OUNTY	STATE
47	-	AT WORK	NOT WHILE D	r	road			0 blk. Wal		l Rd.,	Princ	ce Geor	ge's,MI
27			fy that I took charg	on of the remains d	brerib d ob	ove, held on	Hea	sy X, Inspectio	Cap	ital He	eights	5 opinion	
BU	1	death result		mi courses	Accident	FEET A	iode.	Hamicide .	Undetermine				
MARYLAND			1 1/2	- NF	1	7	PM	TITLE (SPECIFY)					
₹		ACTUAL	Welle	us X	Mu	1110	140	Assistant	MEDICAL E	(A MAINIED	DATE		4-85
BALLIMORE, MARY		SIGNATURE.	-		1	WW. 544		ALC: U					- V.
37		EXAMINER'S (TYPE OR PRI	NAME Der	nnis F. S	smyth,	M.D.		ADDRESS111	Penn St	., Balt	., N	MD 212	01
-	23a.B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c.	NAME OF CE		R CREMATORY	23d. LOCATIC	Ν		YTAN	STATE
	(5	B B	urial	6-18-85	Н	armony	Memo	ria1	Lai	dover,		Md.	STATE
	24. F	UNERAL DIREC	TOR JO	ohn T. F	hines				REC'D. BY REGIS	TRAR 25b. RE	GISTRAR'S	9 -	N. Territoria
7 (5))	-	3015	12th St.	N.E., I	. C. 2	0017		JUN	1 8 198	5	Lavids	on-Randa	22

.... Ceosti

190028	1.	FOR STATE			DEPARTM	ENT OF H		MENTAL HYG	IENB E		1 7	7 9	5 0
	1. DE	REGISTRAR	IRST	WIDOLI			CATE OF	DEATH	20. DATE OF	REG. NO.	ONTH I	DAY YEAR	Zb. HOUR
may be page 3	3. SE		JAME 4. RAC			IOYNE 5. DATE O	FBIRTH		6. AGE (IN	EARS LAST BIRTHE	[YAC	30 85	11:12A
age 4 irectar		ALE	BLA			AUGUS	T 2 DAY	1903	81		YRS.		HOURS MIN.
eath. P	NO	RTHPLACE (STATE OR FORE	A U	S.A.		MARRIE		MARRIED T		E GEOR		COUNTY	ME
174	C	ITY OR TOWN OF DEATH HEVERLY	PG	G HOSP	PITAL, NURSING ILITY, GIVE STREET A ITAL AND	DDRESS) D MED			TYPE OF WOR	CCUPATION K FOR MOST OF W	VORKING LIF	12b. KIND C INDUSTRY PRIVE	OF BUSINESS OF
185	MA		HOME OR OTHER IN	STITUTION, GIVE	RESIDENCE BEFORE A	AS ANT	TES [NO [13. STREET 6311	FOOTE	ST.	20	743
omplete) and 2 s	FR	ATHER'S NAME FIRST	MIDDLE		OYNER		NOR	PS MAIDEN NA.	ME	WIDDLE		HIGH	
on and co		MAS DECEASED EVER IN YES NO OR UNKNOWN) (U.S. ARMED FO IF YES, GIVE WAR O	R DATES)	SOCIAL SECUR		17. INFORM	E JOYNE	R 400	ADDRESS OAK AV			C. IMATE INTERVAL ONSET AND DEATH
quires that the death ceisigned by the attending hen please remove carbo to burial, cremation, or rejury, or other fraumotic.	NO	Conditions, if ony, w gove rise to immed couse (a), stating underlying couse PART 2 OTHER SIGNIF	hich liate the last.	(b) OR AS	A CONSEQUEN	NCE OF	NOT RELATE	D TO THE TERM	MAL DISEAS	Je E OR CONDI	TION GIV	YEN IN PART 10	o
NG PHYSICIAN: The law requirentending physicion. After this certificate has been sign as the buriol-transit permit. There is an advantal Hygiene prior to be acked or them 18 shows any injury.	CERTIFICATION	190 DATE OF OPERATIO	N 19	b. CONDITION	N FOR WHICH C	OPERATION	WAS PERF	ORMED	200 AUTO	PSY?	IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH?
IYSICIAN: The ding physicion of the phys		210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU	SE OF DEATH	b. TIME OF IN. HOUR A.M. P.M.	JURY MONTH DAY	Y YEAR	21c. HOW 1	NJURY OCCUR	RED (ENTER NA	TURE OF INJURY I	N ITEM 18 P	ART I OR PART 2)	
OING PHYS or attentins of as the burn of the one of the burn	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	I A	E. PLACE OF IN THOME, STREET, F	NJURY ACTORY, OFFICE, FA	RM, ETC)	21f. LOCAT			CITY OR TOWN		COUNTY	STATE
ATTENDIN ospital or ECTOR: Af d for use of: of Health m 21 is ma		220.1 certify that (I) (the saw the deceased above, (I) (we) (did	olive on		19	, on	d that in (m)	, 19	death accurre	d on the date	and hou	r and from the	that (I) (we) las causes stated
DIR DIR F the		27b. SIGNATURE	Mary	lann	i	(DEGREE /	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIA	N	22c. DATE	SIGNED 30/53
TO HOSPITAL retained by # TO FUNERAL should be det with the Store		GIEN N	R.		cion		220 ADDRE	per 1	Pen	n. A	ven	#18	772
BP		BURIAL, CREMATION, RE		6/85			EMETER OF		WIS	LON		NOF	
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR NAME JENKINS	F.H.	7474 L	ANDOVER	RDL	ANDOV		L O5	1095	2 .	RAR'S SIGNAT	Panda 192



190002	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		1795
be deoth	1. DE	CEASED NAME FIRST E	dna Justh		20. DATE OF DEATH	MONTH DAY YEAR 2b. HOUR 950 AM
ector, po	3. SE	Female	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 5 14 02	6. AGE (A YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
unerol dir	M	RTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE U	COUNTY OF DEATH GEORGES MD.
by the filed with	C	LINTON	(IF NOT IN SUCH FACILITY, GIVE STREET,	LESCENT CENTER	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
MARYLAND 21: red within 24 hours filled contractions to the	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU! 13b. COU! ATHER'S NAME FIRST Cleveland Cromw	MIDDLE LAST	N 13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA	MIDDLE	Ley Poad (20706)
BALTIMORE, MA cate be executed specion and cent opers. Pages or vol.	16a \	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECU		ADDRE	SS Presley Road, Lanham
201 W. PRESTON ST., es that the death certific med by the ottending phyplease remove carbon purial, cremotion, or remove, or other troumatic eventy, or other troumatic eventy.	Z	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Shovasula A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH STILL OF THE STILL OF TH
TALRECOR	CERTIFICATION	19a. DATE OF OPERATION ONE 21a. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
DIVISION OF VITAL RECORDS, I OR ATTENDING PHYSICIAN: The law requir the hospital or attending physician. I DIRECTOR. After this certificate has been sig toched for use as the burial-transit permit. Then toched for use os the burial-transit permit. Then e Dept. of Health and Mental Hygiene prior to b if Hem 21 is marked or Hem 18 shows any injury.	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 2 220.1 certify that (1) (this hospi	ATH HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	19 211. LOCATION STREET , ond that in (my) (and) opinion DEGREE ATTENDING	city on tov death occurred on the do	COUNTY STATE 30, 19 , that (1) (re) lost the and hour and from the causes stated 22c DATI SIGNED
TO HOSPITAL retoined by to TO FUNERAL should be det with the Stoff MAPORTANT:	230.	22d. PHYSICIAN'S NAME (TYP)	PRINT) A PUPO W 1236, DATE 1236, N	PHYSICIAN 2220. ADDRESS 9401 Tuble	W HAP	Ann Trayh M
BP		(SPECIFY)		ort Lincoln Cemete	CITY OR TOWN	od. Maryland
DHMH - 16 50M 4/82			Funeral Home, In	25a. DA	TE REC'D. BY REGISTRAR	Sh. REGISTRAP'S SIGNATURE
(VRA 15, 4)663	101		ry Road, Clinton		JL 05 1985	Dourdson-Randall

TENDA OF ENGLI Edward To Company ANALYSIS TRANSPORT TO A PROPERTY OF THE PROPER Medical Programmes and Companies Links The one follows: AT COURSE OF PROPERTY OF THE P CONTRACTOR SUCCESSION SUCCESSION A MARK TEN DE DESTRUCTION THE CAR STORY DESTRUCTION and the state of t 1. DECEASED NAME

(TYPE OR PRINT)

FIRST

20 DATE OF DEATH MONTH

REG. NO.

2b. HOUR

_	0
20	37.5
2	ğ
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours a
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DHMH

3. SE		AIMA		HIVELDE		COUNT	June 9, 1985		9:01 F
	X	4. R	ACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HR
	Female		White		3	- 15- 1919	66 YR		.,ouks Mil
7a. B	IRTHPLACE (STATE OR	FOREIGN 7b.		WHAT COUNTRY?	8	XIEVER MARRIED .	9 BALTIMORE CITY OR COU		
1	Lebanon		Leban	on	WIDOWEL	_	Prince George'	e County	,
10. C	ITY OR TOWN OF DEA	ATH 11.	NAME OF	OSPITAL, NURSIN	IG HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND C	F BUSINESS
2	LANHAM		DOCTOR	S HOSPT		P.G. Co.	(TYPE OF WORK FOR MOST OF WORKIN		Tramm
	AL RESIDENCE JIF NURS	SING HOME OR OTH		GIVE RESIDENCE BEFORE	ADMISSION		Housewife		Home
	STATE	13b. COUNTY	Coo	New Cari		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO		00001.
_	aryland	Prince	Geo.	New Cari		TYES NO	5310 58th Av	e. #B-5/	20784
1	FIRST	MIDD	DLE	LAST	100	FIRST	MIDDLE	LAS	T
1	Ahmed	=		Farage	IDITY ALG	Zuhra	ADDRESS	Far	cage
	WAS DECEASED EVER	(IF YES, GIVE WA		166 SOCIAL SECU	IRIIY NO.	17 INFORMANT			1/2 0
	no			None		Kazem Karou	ni / Husband /		
	18 CAUSE OF DEAT			line for (a), (b), an	dici			BETWEEN	MATE INTERVAL ONSET AND DEAT
100	PART I. DEATH W	IMMEDIATE C		CARQUE	RESM	Reparores	mariage	200	
			DUE TO O	AS A CONSTOUR	ENICE OF				
	Conditions, if ony	ushish (DUE TO, OI	AS A CONSEQUE		METASTA	n'a Charcin	oner IV	uns-
	gove rise to imm	mediate	(b)	70,000	AC B C				1000
	couse (a), statir underlying couse		DUE TO, OI	R AS A CONSEQUE	ENCE OF	of the	E BREDGET		
			(c)						
17					DEATH BUT I		MINAL DISEASE OR CONDITION	GIVEN IN PART 1	0
NOI		wor			ant	1) rhebus!	1 -(10 -1	PEKSUT P	Muy
15	19a DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED		YES, WERE FINDIN	VGS LISED
-							IN CE	RTIFYING CAUSES	
HE							YES NOT	RTIFYING CAUSES YES	
CERTIFICATI	21a. ACCIDENT WAS UNI		216. TIME O		AV VEAD	21c. HOW INJURY OCCUP		YES 🗌	OF DEATH?
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO	YES 🗌	OF DEATH?
CAL		CAUSE OF DEATH	HOUR A.	M. MONTH DA M. DF INJURY	19	21f LOCATION	YES NOTE NATURE OF INJURY IN 11EM	YES []	OF DEATH?
_	OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR	CAUSE OF DEATH ICAL EXAMINER) RED	HOUR A.	M. MONTH DA	19		YES NO	YES 🗌	OF DEATH?
CAL	OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR WHILE NOT WILL AT WORK AT WO	CAUSE OF DEATH ICAL EXAMINER) RED MILE	HOUR A.I. P.I. 21e. PLACE ((AT HOME STR	M. MONTH DA M. DF INJURY BET FACTORY, OFFICE, F	19 ARM, ETC)	21f LOCATION STREET	YES NOTE NATURE OF INJURY IN 11EM	YES [] 18 PART OR PART ?) COUNTY	OF DEATH? NO
CAL	OR CONTRIBUTING [15 EITHER, NOTIFY MEDI 21d INJURY OCCUR WHILE NOT WIND AT WORK AT WO 220.1 certify that (1)	CAUSE OF DEATH ICAL EXAMINER) RED MILE (this hospital)	HOUR A.I. P.I. 21e. PLACE ((AT HOME STR	M. MONTH DAM. DF INJURY EET FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	YES NOT NOT NEED (ENTER NATURE OF INJURY IN ITEM	YES [] 18 PART OR PART 2) COUNTY	OF DEATH? NO STATE
CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR WHIE NOT WA AT WORK AT WO 220.1 certify that (1) sow the deceos obove, (1) (we) (i)	CAUSE OF DEATH (CALEXAMINER) RED HILE	HOUR A.I P.I 21e. PLACE ((AT HOME STR	M. MONTH DAM. DF INJURY EET FACTORY, OFFICE, F decreased from	19 SARM, ETC.)	21f LOCATION STREET 19 1 that in (my) (our) opinion	YES NOTE NATURE OF INJURY IN 11EM	YES COUNTY COUNTY hour and from the	OF DEATH? NO
CAL	OR CONTRIBUTING [(IF EITHER, NOTIFY MEDI 21d INJURY OCCUR WHILE NOT WAT WOORK AT WOO 22a.I certify that (I) saw the deceas	CAUSE OF DEATH (CALEXAMINER) RED HILE	HOUR A.I P.I 21e. PLACE ((AT HOME STR	M. MONTH DAM. DF INJURY EET FACTORY, OFFICE, F decreased from	19 SARM, ETC.)	21f LOCATION STREET 19 d that in (my) (our) opinion	YES NOT	YES [] 18 PART OR PART 2) COUNTY	OF DEATH? NO STATE that (I) (we) I couses stoted
CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR WHIE NOT WA AT WORK AT WO 220.1 certify that (1) sow the deceos obove, (1) (we) (i)	CAUSE OF DEATH (CALEXAMINER) RED HILE	HOUR A.I P.I 21e. PLACE ((AT HOME STR	M. MONTH DAM. DF INJURY EET FACTORY, OFFICE, F decreased from	19 SARM, ETC.)	21f LOCATION STREET 19 d that in (my) (dur) apinion EGREE ATTENDING	YES NOT NOT NEED (ENTER NATURE OF INJURY IN ITEM	YES COUNTY COUNTY hour and from the	OF DEATH? NO STATE that (I) (we) I couses stoted
CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d INJURY OCCUR WHIE NOT WA AT WORK AT WO 220.1 certify that (1) sow the deceos obove, (1) (we) (i)	CAUSE OF DEATH (CAL EXAMINER) RED HILE (this hospitol) ed olive on did)(did not) vii	HOUR A P.I 21e. PLACE ((AT HOME STR ottended the	M. MONTH DAM. DF INJURY EET FACTORY, OFFICE, F decreased from	19 SARM, ETC.)	21f LOCATION STREET 19 d that in (my) (dur) apinion EGREE ATTENDING	YES NO NO RRED (ENTER NATURE OF INJURY IN ITEM	YES	OF DEATH? NO STATE that (I) (we) I couses stoted
CAL	OR CONTRIBUTING [(IF EITHER, NOTIFY MEDI 21d INJURY OCCUR WHILE NOT W: AT WOR AT WO 220.1 certify that (1) saw the decase obove, (1) (we) (1) The sign of the control	CAUSE OF DEATH (CALEXAMINER) RED HILE ((this hospitol)) ed olive on did) (did not) vii	HOUR A P.I 21e. PLACE ((AT HOME STR ottended the	M. MONTH DAM. DF INJURY EET FACTORY, OFFICE, F decreased from	19 SARM, ETC.)	21f LOCATION STREET . 19 d that in (my) (our) opinion EGREE ATTENDING PHYSICIAN [22e ADDRESS	YES NO NO RRED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN death occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	YES	OF DEATH? NO STATE that (I) (we) I couses stoted SIGNED
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June 11,150 Inlant Correct Falls Chresh, Fallers Va. chin care.

7114	1	FOR - STATE REGISTRAR	ATE CENTIFICATE OF DEATH											
1		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR								
d leges	1	Mary	Louise	Keech	6-19	85 9:45 M								
or. page 3	3 5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.								
urs o		Female	Caucasian	May 27 1899		'RS								
2 ho	2	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	. ~ .								
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and 2. sh	14.1	ATHER'S NAME Charles	D. Montgom	15. MOTHER'S MAIDEN NA PROPERTY Julia	ME .	Vilkersön								
2 3 7	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU			7020 Groveton D								
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n 21 is		obave, (1) (we) (8id) (did	n 6 - 1 7 19 2 ot) view the bady after death.		death accurred on the date and	hour and from the causes stated								
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should be deta with the State E IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	Obson	Brandywine	01/00	Sical Center								
₹ 3 <u>₹</u>	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY								
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DHMH - 16 50M 4/83 (VRA 15, 4)

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Gasch's Sons F.H. P.A. Hyattsville, Maryland

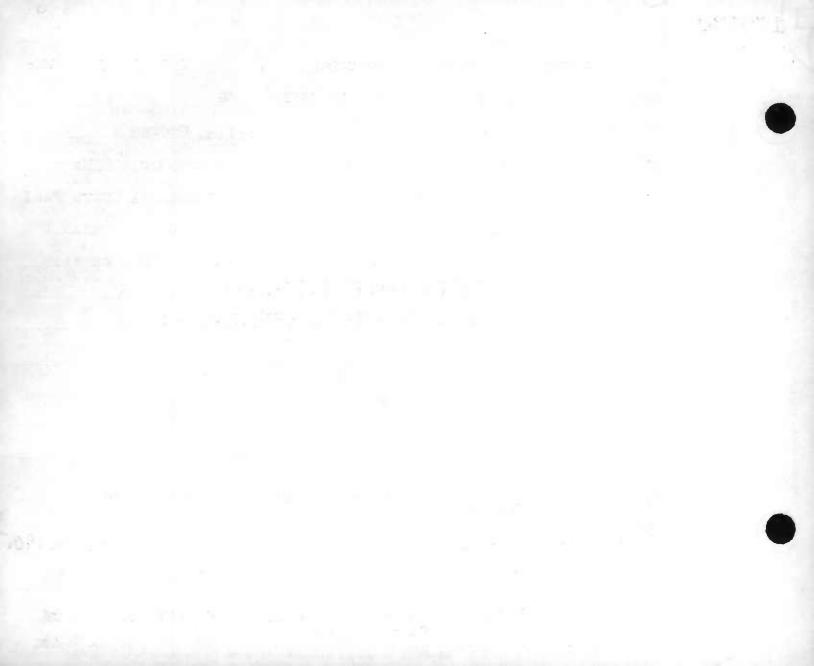
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STATE OF MARYLAND



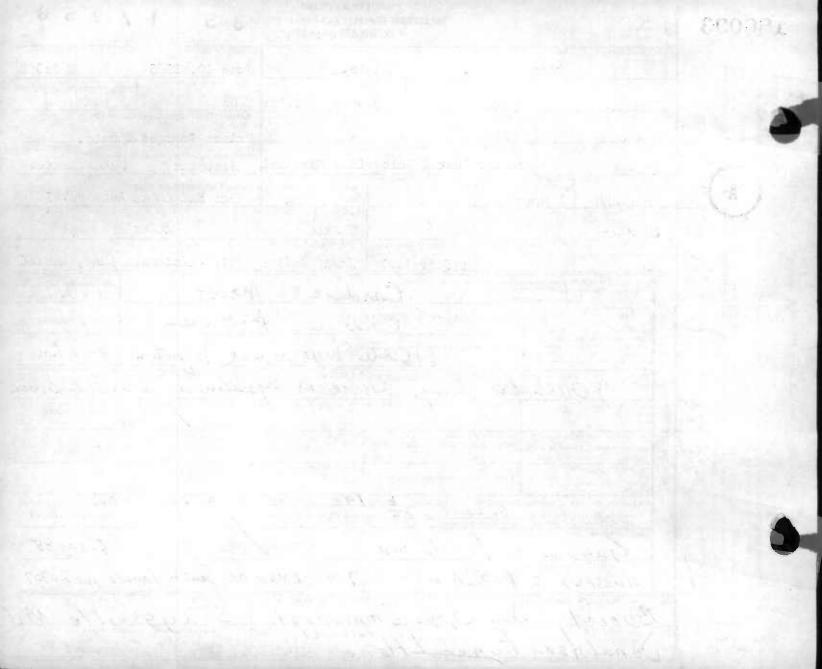
170120	FOR T = STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.					
oy be death	1. DECEASED NAME FIRST {TYPE OR PRINT} KENNET		KLAUSING	20. DATE OF DEATH MONTH DATE JUN 07	85 0600a _M				
to p	3. SEX MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH MAR 13 1925	60	UNDER 1 YEAR IF UNDER 24 HRS				
eath Page n.72 hours	FIABLE 10. BIRTHPLACE (STATE OR FOREIGN Kentucky	76 CITIZEN OF WHAT COUNTRY? United State	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O Prince George					
100	O CITY OR TOWN OF DEATH Andrews AFB	11. NAME OF HOSPITAL, NURSING A PROPERTY OF STREET MAICOLM Grow	ADDRESS) USAF Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Photographer	12b. KIND OF BUSINESS OR INDUSTRY USNavy				
d all a second	13a. STATE 13b. CC	FOR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13c CITY OR TOW FOR STORY TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	/N 13d. INSIDE CITY LIMITS? YES NO STANDEN NO FIRST	MIDDLE	20747 Drive #203 Mazzoni				
Poges medical	160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU		ADDRESS	as #13				
ertificate b ng physicion ban popers. removal.	18. CAUSE OF DEATH (Ente PART I. DEATH WAS CAI IMMED	r anly ane cause per line for 19), (b) or USED BY: DIATE CAUSE (a)	bulmonary Arrest	rrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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NG PHYS	OR CONTRIBUTING CAUSE OF	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
ATTEND ospital o CTOR: A for use of Heal	sow the deceased olive	ospital) attended the deceosed from on June 19 I not) view the body after death.		, to, 19 death occurred on the date and hour o	nd from the causes stated				
OSSITAL NUMERAL DISTRICT THE STORE	22d, PHYSICIAN'S NAME (TO D GOODW)		22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN POW	7 June 196				
OF 0 4 4	23a. BURIAL, CREMATION, REMOV	/AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE				
BP DHMH - 16 50M 4/B3 (VRA 15, 4)	Burial 24 FUNERAL DIRECTOR NAME Robert E Will	ADDRESS	Veterans Cemetaitland, Md. 125a DA	TE REC'D. BY REGISTRAR 25b. REGISTRA	n Md R'S SIGNATURE				



STATE OF MARYLAND 168008 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26. HOUR 28. DATE OF DEATH MONTH I. DECEASED NAME MIDDLE (TYPE OR PRINT) KNIGHT STANLEY JUNE IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH YEAR BLACK BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY GEDRGES VIRGINIA WIDOWED S DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) FORRESTVILLE 113. Post NURSING USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13ª STATE 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE BARYLANI SEAT PLUSON 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME ADDRESS 602-6044 PI FHM MIDDLE 16b SOCIAL SECURITY NO 17 INFORMANT IN U.S. ARMED FORCES? 160 WAS DECEASED EVER (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 11416 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), 161, and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF 12mboli Canditians, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 71a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE EARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive on above (We) (did) and that in (our) opinion death occurred on the date and hour and from the couses stated the body ofter deoth. DEGREE 72's DATE SIGNED ATTENDING. MEDICAL nauld be deta PHYSICIAN DIRECTOR PHYSICIAN FUNERAL PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 6501 LAMDONER ZD. CHEVERLY VEAC MEADE. 0 % EMOVAL E/CREMATORY WASHINGTON BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 H.S. WIASHINGTON+ SONS 4925 BURROWERS AVE. N. (VRA 15, 4)

The state of the s TO BE ALLESS TO SHEET THE THE PARTY OF THE PROPERTY OF A THE STATE OF THE STATE OF ZEEZ CREMEN VASHMATCH, D. C.

186093	1,	FOR STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 1 7 9 5 8								
100000	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.				
		CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
2 00	1	OK PRINTI	Ever		N.	Knis	ley	June 20, 1985	菜 3:30			
6 0 D	3. SE	(4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HR			
* 25		emale		White			inuary 14, 192	2 63 YRS				
4 42 81	Ta. BI	RTHPLACE (STATE OF	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH			
		laruland		USA		WIDOWE	DIX DIVORCED	Prince Georges	County.			
1 11 974	10 CI	TY OF TOWN OF DE		AF NOT IN SU	THEACHITY GIVE STREET	ADDRESS)	rother Institution	1120 USUAL OCCUPATION	126. KIND OF BUSINESS C			
1	#SU	AL RESIDENCE HE NUE	SING HOME OF OT	HER INSTITUTION			TITE HOSPICA					
(A)		al residence (# MUR STATE Maryland	I V	pard	Laurel	/N	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 9625 Baltimore	Aue 20767rm			
		ATHER'S NAME					15. MOTHER'S MAIDEN NA		LAST			
p 100 /200	1 0	Villiam	MIL	HO	bbs		Carrie	Gartre Gartre	el last			
2 27 2		VAS DECEASED EVE		D FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS				
1 00 1		20	(W TES, GIVE V	AN ON DATES!	213 20	1807	James Knisl	ey 8916 Briarcrof	it Lane, Laure			
1 911	1	18 CAUSE OF DEA	TH (Enter anly	one cause pe	r line for (a), (b), on	id ic		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA			
rifico phy ment		PART I. DEATH V	MAS CAUSED			Ca	rdlac	Hrest.	1-2 mu			
oth cer ending corbs				DUE TO, C	R AS A CONSEQU	ENCLOF	dia.	As the mia	1-2 mu			
by the art by the art compation		Canditions, if any gave rise to in cause (a), stat underlying caus	nmediate ing the	DUE TO, C	OR AS A CONSEQUE	eset	i myo care	hal Infaction	8-12 hs			
equires the sphed Then ples injury, or injury, or	NO	PART 2 OTHER SIC	Hash	tive	Lung	21	sisse =) H	AMAL DISEASE OR CONDITIONS IN	his vololan Delso			
hos ber permit.	CERTIFICAT	190 DATE OF OPER	ATION	196. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO			
The Troise has the hand to be a second to be a seco	SE L	21a. ACCIDENT WAS U		216. TIME O	OF INJURY M. MONTH D	AY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)			
District of the second	l ₹	(IF EITHER NOTIFY ME	DICAL EXAMINER)	P	.M.	19						
The state of the s	MEDIC	WHILE NOT WAT WORK			OF INJURY	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY			
No fine		22a.l certify that (l) attended t	he deceased from_	6-	19- 19-85	10 6-20-	19 85 , that (I) (we) I			
N 8 8 5 5 5 5		saw the decea above, (I) (we)				85.0	nd that in (my) (aur) apinion	death accurred an the date and have	or and fram the causes stated			
Part of the same o		above, (I) (we)	(did) (did nat)	view the bady	after death.		DEGREE		224 DATE SIGNED			
0 2 0 0 0 0		de	00110	8 1	alela	240	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	6-20-85			
FUNERA Mid be de Mid be de		GURSE		PAB			22e ADDRESS	N AVE, Sent 4, Lan				
0 1 5 6 1 8	230	BURIAL, CREMATION		23h DATE		NAME OF C	EMETERY OR CREMATORY	123d LOCATION	,,,,			
BP	2.50	(SZIFY)	/	1100	1760	- 5	/	CHAOR TOWN	COUNTY STATE			
	24. F	NNERAL DIRECTOR	/	Torie	24/1/13	011	Manuel 1250 DA	TE REC'D. BY REGISTRAR SHIKEGIS	TRAR'S SIGNATURE			
DHMH - 16 50M 4/83		NAME /	1-1-	1	ADDRESS	11.	Will		11. Burdalla			



BALTIMORE, MARYLAND 21201

ST.,

DIVISION OF VITAL RECORDS, 201 W. PRESTON

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔍

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	- STATE REGISTRAR	CERTIFICA	TE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) FRANK	Otto Ku		DATE OF DEATH MONEY	/8 26. HOUR
	are	1005100 S. DATE OF BI	RTH YEAR 6. A	AGE (IN YEARS LAST BIRTHDAY) 84 YRS	UNDER LIEUR WUNDER PARKS.
2	St. LOUIS, MO L	LS WIDOWED	DIVORCED	Prince 640	OF DEATH OT GOO MD.
C	Largo MENO		{TY	PEOF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
6	USUAL RESIDENCE (# NURSING HOME OR OTHER INSTIT 130. STATE Maryland 136 COUNTY Geo:	rgesic Clargovn 13d.	S NOXX	STREET ADDRESS / 71P CODE 600 Largo Ave	20870
0	14. FATHER'S NAME FIRST Franz MIDDLEX	Kulla 15.	MOTHER'S MAIDEN NAME	MIDDLE	noffett
1	160 WAS DECEASED EVER IN U.S. ARMED FORC (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DA WINKOWN NO N/A		Frank Kulla	8710 Rosaryvil Upper Marlbord	le Rd. 20772
	18 CAUSE OF DEATH (Enter only one coupart I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	Para H	- arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which	TO, OR AS A CONSEOUTIVE OF M	onie Ob von	An Lon Dose	-
	gave rise to immediate cause (a), stating the underlying cause lost.	TO, OR AS A CONSEQUENCE OF		J	
	PART 2. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO			
2	STIFIC	ondition for which operation w			WERE FINDINGS USED NG CAUSES OF DEATH?
1	THE CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	IME OF INJURY JR A.M. MONTH DAY YEAR P.M. 19	t HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
	21d INJURY OCCURRED 21e P	LACE OF INJURY ME STREET FACTORY, OFFICE, FARM, ETC.) 211	LOCATION STREET	CITI OIL TOWN	COUNTY (547)
	22g L certify that [] (thXXXXXXttend	led the deceased from	19.85	to_ 6 /2 19	that the (we) last

DEGREE

ATTENDING PHYSICIAN

Largo, Maryland

TO FUNERAL DIRECTOR. After this certificate should be detoched for use as the buriol-transit with the State Dept. of Health and Mental Hygi

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is

14 FUNERAL DIRECTOR IVERTPENGEON, THIP PROPERTY OF THE PROPERT

the deceased alive on _

22d PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

and hat in (my) (authopinion death occurred on the date and have and from the causes stated

DIRECTOR PHYSICIAN

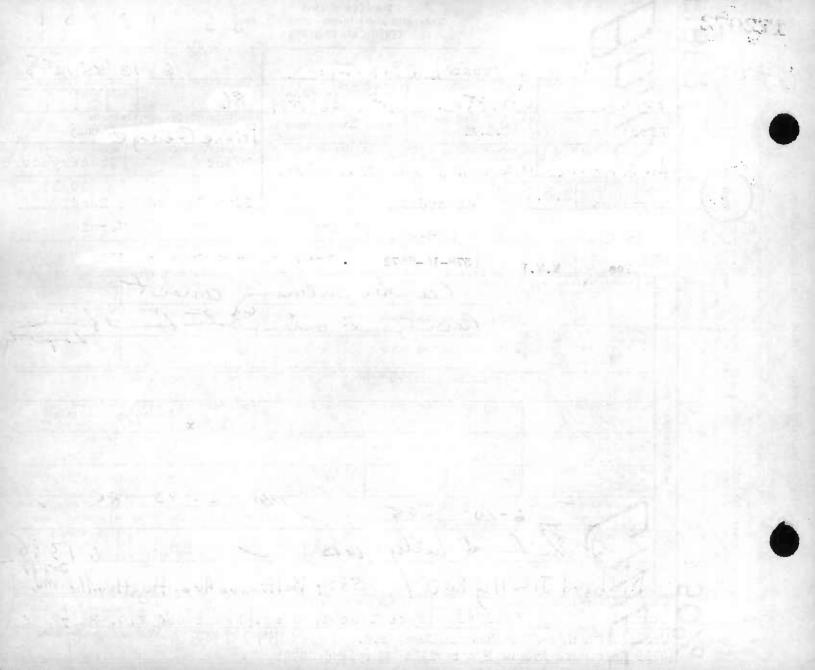
June 13,1985 Resurrection Cemetery of Crematory Shrewsbury, S. Louis Co., Mo. REGISTRAR 256 PEGISTRARS SIGNATOR AND SELECTION OF THE PROPERTY OF THE PROPERT



RECURITION DECEMBER ADDITION THE DESCRIPTION THE DESCRIPT	163057	/	1.	FOR 6/17/8 STATE		ja	DEPAR	TMENT OF H		MENTAL HYG	IENE 8	5	!	7 9	6 0
TUDSON F. LA MOURE SOCIAL SECRETIVE OF MARKED ON THE SERVICE AND SERVI	/	2		REGISTRAR			AND DUE			DEATH					
RECE SDATOP SETH	2 26			OR PRINT)			NUDER				Za DATE O				
The state of the s	400 do 4	10	1. SEX		DSON	I. RACE,	F.				6 AGE (IN				
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136 STATE 136 COUNTY 136 MINDERS MAIDEN NAME 156 MOTHER SMADEN NAME 167 MOTHER SMADEN		H	2	CLINION		SOUT:	HERN MAF	ET ADDRESS) EYLAND			(TYPE OF WOR	K FOR MOST OF	WORKING LIFE	INDUSTRY	
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NO 579-12-8265 Lawrence J. La Moure Brandywine, Md. Application only one course per line for 10 to 10s, and ic.)	1 1 10 /	00			_	-							(0)		
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DHMH 16 60M 7/84 24. FUNERAL DIRECTOR 67.60 Oxon Hill Rd 250. DATE REC'D. BY REGISTRAR 256. RE	TO H shoul	Y	23a E	URIAL CREMATION, RE		236. DATE							1 '6) na.
OHMH- 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250. DATE REC'D. BY REGISTRAR' 250. REGISTRAR' 250. REGISTRAR' 250. REGISTRAR' 250. REGISTRAR' 250. REGISTRAR' 250. DATE REC'D. BY REGISTRAR' 250. DATE REC'D. BY REGISTRAR' 250. DATE REC'D. BY REGISTRAR' 250. REGISTRAR' 250. DATE REC'D. BY REGISTRAR' 250. REGISTRAR' 250. REGISTRAR' 250. DATE REC'D. BY REGISTRAR' 250. REGISTRAR' 250. DATE REC'D. BY REC'D. BY REGISTRAR' 250. DATE REC'D. BY REC'D. BY REC'D. BY REC'D. BY REG	BP		_		185	6/10/8	35 R	esurre	ction	-					
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 28. DATE OF DEATH TYPE OR PRINT Percy Lawhorne Leonard 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX DAYS 26 1899 Male White 86 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Virginia U.S.A. Prince George's County WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Grocerystore Magnofia Gardens Nusing Home Lanham SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20737 P. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? YES T NO 🗌 6800 Riverdale Road Maryland Riverdale FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Laura Morris Lawhorne Henry ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO A. Irene Lawhorne Same as # 13 578-10-6672 Yes 18 CAUSE OF DEATH (Enter only one cause per line for per b), and ici. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK YES [NO | 218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on ____ and that in (my) (eer) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22h. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS d b 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial 6/15/85 Fort Lincoln Ceme. Brentwood P.G. Maryland Francis Gasch's Sons Funeral Home, P.A. DHMH - 16 50M 4/83 (VRA 15, 4) 4739 Baltimore Avenue Hyattsville, Maryland 20781



6-25-85

Burial

George R. Snowden

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

- STATE

Rockville, MD 20850

Md Nat'l Mem. Park

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

COUNTY

22c. DATE SIGNED

Laurel, PR. Geo, Mf. 246 N. Washington St. 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

DAY

IF UNDER I YEAR

2h HOUR

126 KIND OF BUSINESS OR Hotel

APPROXIMATE INTERVAL

NO |

9.30PM

CSTIBLE

38		FOR STATE REGISTRAR			32.00	CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		7 9	6 3
		EASED NAME	tanley		Phomas		onard	26 DATE OF DEATH		DAY YEAR	26. HOUR
-1	3. SEX			4. RACE	Tionas	5. DATE C		June 19,		IF UNDER 1 YEAR	3:30A
	J. JEA	Male		White	e	MONTH		57		MONTHS DAYS	HOURS MIN
7	C	THPLACE (STATE OR FOUNTRY)	FOREIGN 7	U.S.	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O Prince Ge	R COUNTY		y M
1		or town of DEA		(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET A umberland	ADDRESS)	or other institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Painter		E) INDUSTRY	ruction
2	13a. S1	RESIDENCE (IF NURS ATE yland	13b. COUNT	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Capitol	V		13e.STREET ADDRESS A			t 20743
0		THER'S NAME FIRST	~	MIDDLE	Leonard		15. MOTHER'S MAIDEN NAM	WIDDLE		Tat	um
1		AS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECUI		Juanita M. L		SS Addi No#	ress Sa 13.	me as
other		gove rise to imm		DUETO			PATHY				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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IF UNDER I YEAR

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Pernelli

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7h HOUR

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4.25 PM

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BALTIMORE, MARYLAND 211201	ificate be executed within 24 hours after about	physician ond completely filled in the the function on the popular. Pages 1 and 2 should be find within The	novol. rent, the medical example (myster on the area)

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No PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last 190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED NOT WHILE 220.1 certify that (1) (this hospital) attended the saw the deceased olive on abave, (I) (we) (did) (did nat) view the bady after dec 22b. SIGNATURE 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 6/5/85 Burial Francis Gasch's Sons Funeral. Home, P.A.

DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) LEWIS Tune 2, 1985 Mary Ann 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX HINOM Female. White 09 14 1919 65 TO BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Pennsylvania WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Lanham Doctors' Hospital of Pr. Geo. Co. Credit Abstractor Self Employed JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 136. COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 5020 38th Avenue NO [Maryland P. C Hvattsville FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Joseph Russo Grace ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN 165-20-1828 Addison Lee Lewis (Husband) 18 CAUSE OF DEATH (Enter only one cause per ling) IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC 1

DEGREE

211 LOCATION

and that in (my) (our) opinian death accurred on the date and hour and fram the causes stated

MEDICAL

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)

STATE

COUNTY

Julia Daydon-Randall

Leon R. Levitsky, M.D.

PHYSICIAN DIRECTOR PHYSICIAN

3408 Rhode Island Ave., Mt. Rainier, Md. 20712

STAFF

CITY OF TOWN

739 Baltimore Avenue Hyattsville, Md. 2078

23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION

ATTENDING

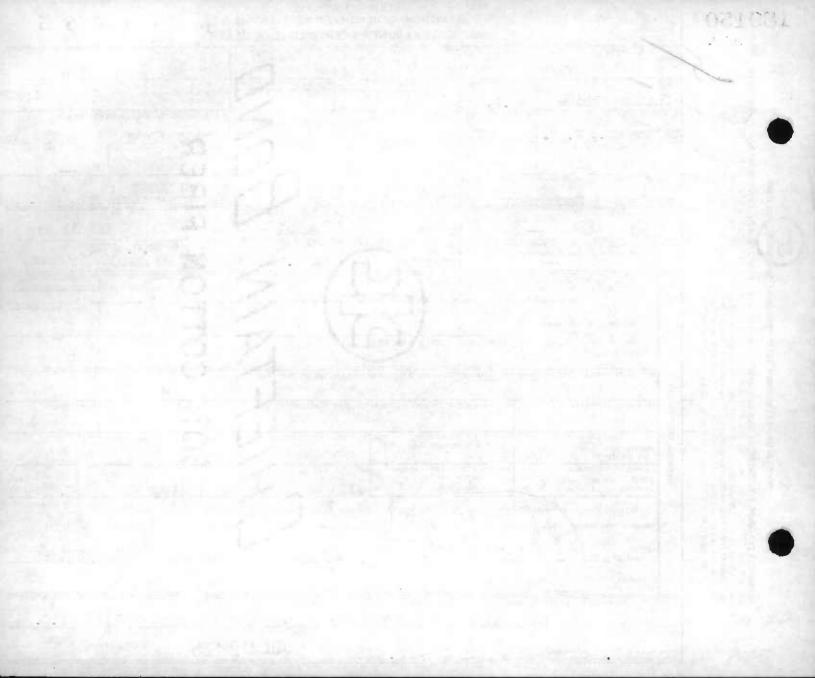
Lakemont Memorial Gardens Davidsonville P.G.

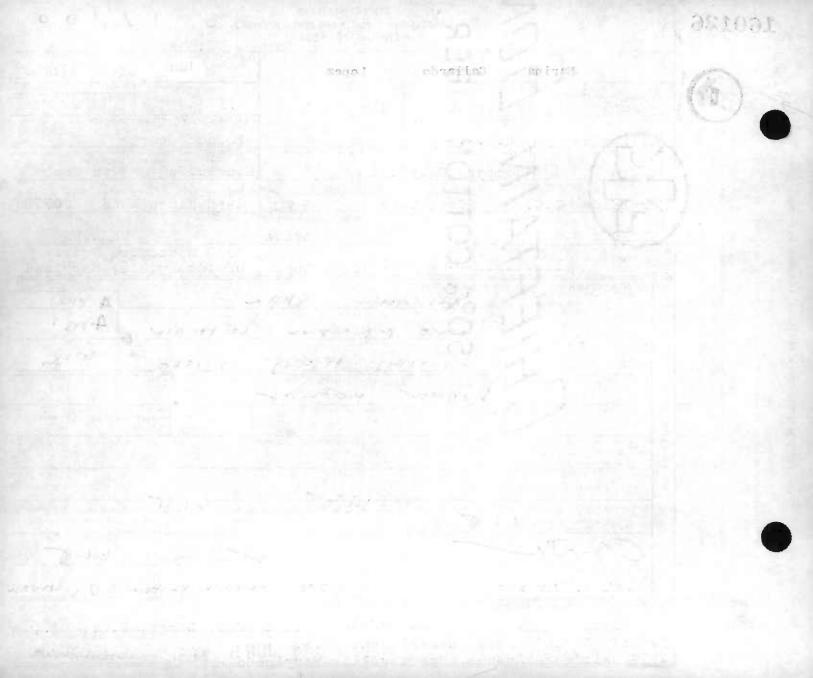
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2 200 500		18 CAUSE C	F DEATH (Enter on	aly one cause per line	for (o), (b), and (c),)						APPROXIMA	ATE INTERVAL
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A SECOND			ns, if any, which										
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		lying car		DOE TO, OR	AS A COI	NSEQUENCE (JF.						
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L EXAMINER: "CERTIFICATE, DULD BE FOWN. I. DIRECTOR: F. H. WITH THE S. MARYLAND."			1 1	ge of the remains de	1)		icide X		pection L.,	Inquiry L.	ond in my o	pinion	
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A VEGEN		ACTUAL	//	honor	14	Sala	1	TITLE (SPECIA			DATE	6120	/05
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	23a. E	SPECIFY)	TION, REMOVAL			NAME OF CEA			CIT	OCATION	cou		STATE
07/84 BP	-	Burial	J	uly 3,198	5 \$ta	entonsb	urg C	emetery	St	antonsbur	g Wils	son N.	.C.
DHMH - 17	74. F	NAME	TOR	ADDRESS	19					BY REGISTRAR 256	REGISTRAR'S S	SIGNATURE Janda	1
(VR A15 ME (5))	Ho	ward K	. McComas	III. Abi	nador	n. Md.	21009	J	UL 0:	2 1985	CAL PLANTING	" - (





STATE OF MARYLAND

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23. Name of CEMETERY OF CREMATORY Chicamuxen Meth. Ch.

DHMH - 16 50M 4/83 (VRA 15, 4)

ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS,

Gasch's Sons F.H. P.A. Hyattsville, Maryland

July 3, 1985 Cemetery

236. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

23d LOCATION CITY OR TOWN

Chicamuxen

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

Md.

COUNTY

Charles

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	# *		CEASED NAM		ELIUS	MIDDLE			LAST			20. DATE KNO	WN X MOI			2b. HOUR
	SELECT SE	3. SE	χ	4. RACE	5. DATE OF BIRTH		6. AGE (IN YE.		IACKAL NDER 1 YR.		0.4440.0	DEATH MA	TED (19 85	
	DIRECTOR PLANT PLA	/	Male	Black	May 5	1946	39 YE	MON (Y)		HOURS		2c. DATE PRONOUNCED DE AD		5 17	19 85	12:1 PM
3	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5-ROR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	7a. 8	OREIGN COUNTRY) Marylar		76. CITIZEN OF W		ITRY?	8. MARE	NED NE	VER MARRI DIVORC	IED	Prince	_		DEATH	
ł:	FESES	4	Clinton	OF DEATH	11. NAME OF HO	ACILITY, GIVE S	TREET ADDRESS)				12a. USU	AL OCCUPATION OST OF WORKING	ON TYPE OF WO	ORK 12h K	IND OF 8U OR INDUST	MD. ISINESS RY
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	SATTIMORE, MD2 SAFTER DECE. IF GOVE PAGES 1, 2, ITH FORM PM. 2, PAGES TANDES SH VISION OF WALLE	14. F	ATHER'S NAME		WIDDIE		LAST		F	R'S MAIDE	NAME	MIDDLE			LAST	
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	AFTER INE PARTIES IN THE PARTIES IN	160	WAS DECEASED YES, NO. OR UNKNO	EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		IAL SECURITY		17. INFORA	TMAN		A	DDŖESS			
	C., BALTIN URS AFTER B. GIVE P. WITH FOIL T. PAGES DIVISION		no				-48-64	94	Betty	J. N	lacka	ll Box	73-A	Princ	e Fr	ed.Md
			18. CAUSE O		nly ane cause per line			1/2						BET	APPROXIMATE	INTERVAL AND DEATH
	V 24 HC V 1TEM ALONG IT PERM YGIENE			IMMEDIA	ATE CAUSE (a) AT				cardio	ovascu	ular	disease				
	TIN THE		Condition	s, if any, which		R AS A CON	SEQUENCE ()F								
	WITH NCIENTE		gave ris	e to immediate	e / (b)		72.5									
	L RECORDS, 201 W. PRESTON ST ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM IN FF MEDICAL EXAMINER ALONG ED AS A BURAL-TRANSIT PERMI HEATH AND MENTAL HYGIENE, AI, CREMATION, OR REMOVAL.		lying cau		DUE TO, OR	AS A CON	ISEQUENCE ()F						9		
	AAL BAND		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	NAL OICEA	OF CONDITION OF	CHIEN IN BAR	AY Y					
	RECORDS. D BE EXECTED MEDICAL A AS A BUILD	NO	3 X			JOI NOT KEEN	TEO TO THE TERM	WAL OUTEN	ok Condition	ONEN IN PAI	KI I (Q),					
	L CAN MEN A	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION V	AS PERFOR	MED?				20.	AUTOPSY?	
	F VITAL WORD "WORD" BE CHIEF BE USED BUNEAU	F			100										YES 🔀	NO 🗆
	S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18 RDED TO THE CHIEF MEDICAL EXAMINER ALONG WES SHOULD BE USED AS A BURAL-TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO PRIOR TO BURAL, CREMATION, OR REMOVAL.	CAL CER	UNDERLYING CONTRIBUTION	IG CAUSE OF	DEATH P.N	A. MONTH	DAY YEAR	21c. H	OW INJURY	OCCURRE	D JENTER N.	ATURE OF INJURY IN	ITEM 18 PART 1 O			NO []
	DIVIS THIS CER E, WRITIN RWARDED : PAGE 3 SI STATE DEP	MEDICAL	21d INJURY C	NOT WHILE [21e PLACE	OF INJURY TORY, FARM, E	(AT HOME,		CATION			CITY OR TOWN	18-57	COUNTY		STATE
	A PATE S S S S S S S S S S S S S S S S S S S		220. I certif		ge of the remains de tral causes X	Accident		Autor	, Homic	Inspection		Inquiry .	and in my	y apinian		. 13
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FO FUNEAL DIRECT AFTER DEATH, WITH THE BACKTIMORE, MARYLAN		ACTUAL SIGNATURE_	AA	20	0			TITLE (SI	ecify) .stant	MEDIC	CAL EXAMINER	DA SIG	TE SNED	5-18-8	35
	MEDIC ECUTE GE 4 S GE 4 S TER DE		EXAMINER'S I	NAME Ani	M. Dixon	, M.D			ADDRESS_1	.11 Pe		t., Bal		D 21	L201	
	5255£8 —	23a.B	URIAL, CREMAT	ION, REMOVAL			IAME OF CEM	ETERY C	R CREMATO	RY	23d. LOC	CATION	,	OUNTY	STA	75
	7/84 BP		Buria		June 20-8	5 Br	ooks Cl	m.	Cemete	ry	St.	Leonard		lvert		
2	5M DHMH - 17		NAME		ADDRESS		- 14 15 1/4		_	5a. DATER	EC'D. BY F	REGISTRAR 251				
	(VR A15 ME (5))	Spe	encer E	. Sewell	Box 31,	Princ	ce Fred	eric	k, Mp	00	4005	20.	Maria de la	Denda	9Ret	

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	1 1	tems 21a-2.	Li //24	_	#605		ARYLAND					
169008	1-	FOR STATE			EPARTMEN	NT OF HEALTH	AND MENT	6.3	lea	17	9 7	0
403000		REGISTRAR CEASED NAME	FIRST	MED	MIDDLE	AMINER 3	LAST	E OF DEA	26. DATE KNOWN	NO.	DAY YEAR	2b. HOUR
Market	. (TY	PE OR PRINT)	Agns	5 /h	ene	Mah	onex		OF ESTI- DEATH MATED		3 19 85	1
THE CTO THE	3. SE	X 4. RAC		DATE OF BIRTH	6 A	GE (IN YEARS IF UN		NDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d HOUR
DARK ON S	11	omale Wh	ite	8-14-19		60 YRS.	DAYS HOU	RS MIN.	PRONOUNCED DE AD	6-3	1985	5 447
A PARK		IRTHPLACE (STATE OR DREIGN COUNTRY)		CITIZEN OF WHA		8. MARRI	ED NEVER A	ARRIED 🛣	9. BALTIMORE CIT	- Continue		
题:"基个		Virginia		U.S.A.		WIDOW		ORCED		Geo.		MD
A STATE OF THE STA	5	ITY OR TOWN OF DEA	ý	NAME OF HOSP NOT IN SUCH FACE OCTOV	S JO	Spilal	of P.C.C	12a USU FOR	UAL OCCUPATION MOST OF WORKING LIFE) Lerk-Typ	ist	OR INDUST	JSINESS RY
AND3 AND3 AND3 AND3 AND3 AND3 AND3 AND3		AL RESIDENCE (# IN NU TATE Md.	136 COUNTY	Geo.	13c. CITY OR 1	re/dmission) COWN Linier	13d INSIDE CITY LIM		EET ADDRESS 10 - Chi	(2071 11um I	,	
AZZZZ W	14. F	ATHER'S NAME	N	AIDDLE	LAST		15. MOTHER'S M		MIDDLE		LAST	
A See	4	Frank	J.		Maho		Ter	esa		Carey		
S AFTER GIVE PA ITH FOR PAGES IVISION	100.	WAS DECEASED EVER	(IF YES, GIVE WAR	D FORCES? R OR DATES)		SECURITY NO.	17. INFORMANT	B(B(-		1909-E		
JRS AFT B. GIVE WITH F C. PAGE DIVISIO	=	NO	W (5-4	0.1		6-7383	Frank	M. Ma	ahoney S	pringi	I 1 e I d ,	
		PART I DEATH W	AS CAUSED BY	Y: /////		11915.7	lim V	Aspin	in + do	1110	BETWEEN ONSE	
W. PRESTON ST WITHIN 24 HOU ENCIL IN ITEM II MINER ALONG TRANSIT PERMI ENTAL HYGIENE, OR REMOVAL.	-13		IMMEDIATE C	DUE TO, OR A			1	with	com 1/1	cali	V	
THIN 2. CIL IN II JER ALC ANSIT P REMOV	-11	Conditions, if a		(b)							13	
OR JANE		cause (o) stating lying couse last.		DUE TO, OR A	S A CONSEQ	UENCE OF						
PARE E			200	(c)								
PHA BILL	z	PART 2 OTHER SIGNIFICAN	r conditions <u>con</u>	TRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE	DR CONDITION GIVEN	IN PART 1 (a)				
F WEA	CERTIFICATION	196 DATE OF OPERA	TION	196. CONDITIO	ON FOR WHIC	CH OPERATION W	AS PERFORMED?				20. AUTOPSY	2
8 H S H S	1 8	and the same									YES 🗆	NO D
THE WOOD THE COULD BE	21 8	216. EXTERNAL CAUS		216. TIME OF I	NJURY MONTH DAY	YEAR 21c. HC	W INJURY OCC	URRED LENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR PART		110
SA SO	MEDICAL	UNDERLYING CONTRIBUTING	CAUSE OF DEA	тн 9 р.м.	5/3	19 85 sub		gested .	aspirin a	and Lye		
E 3 SI	MED	WHILE NOT		21e PLACE OF STREET, FACTO	RY, FARM, ETC.)		TREET	70.7	CITY OR LOWN	, cour	NIY -	STATE
WAR WAR PAG 2120		WHILE NOT AT W	ORK	I I	lome	3210	Chillu	m Rd.Ap	ot. 301 H	yattsvi	lle, Pr	. Geo
NO THE S		22a. I certify that I	took charge of	f the remoins descr	bed above, h		y Inspi	ection .	Inquiry .	ond in my opir	nion	
CERTIFICATION DIE BE FOI DIRECTOR (, WITH THE MARYLAND		death resulted from	/ Natural c	munen L.	Vecident	Suicide	Hamicide L		ermined manner			
₹ × ¥		ACTUAL	hegus	to XX	Jours.	110	TITLE (SPECIF			DATE	6-3.	- 85
SE SE	1	SIGNATURE	1	1/1	71	M.	o. <u>Deputy</u>	MED	ICAL EXAMINER	SIGNED	0 1	0)
PAGE A SHOULD BE PAGE A PAGE A SHOULD BE PAGE A PAG	X	EXAMINER'S NAME (TYPE OR PRINT)	Augusto	P. Rodrigue	ez, M.D.		ADDRESS 5009	Rayburn	Ct., Temple	e Hills,	Md	
PAG PAFT BAL		URIAL, CREMATION, RI				OF CEMETERY OF			CATION	COUNT		TATE
	1	Burial	6-	5-1985	Ft.	Lincol:			entwood	Pr.G	ieo. N	Md.
DHMH - 17		UNERAL DIRECTOR	H Tre	ADDRESS	Raini	er. Md.	250. D	ATE REC'D. BY	REGISTRAR 256 R	EGISTRAR'S SIG	SNATURE	2 4
(VR A15 ME (5))	INS	TTEA.2	• 11 • 1110	. 110.	~ (60 1111	or a rice	MILIA	MAN	944	WITH ROOK		1 pr

injury, or other traumatic event, the

If Hem 21 is marked or Hem 18 shows any

MPORTANT.

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20000	FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 矣

25.00	1	- 7	q
2			7

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
,	1. DECEASED NAME FIRS	T MIDDLE	LASI	20 DATE OF DEATH MONTH D.	AY YEAR 2b. HOUR
	JO	SEPH H.	MAKLE	6/28/8	5:13 pm
	3. SEX	4. RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
1	Male	Black	MONTH DAY YEAR OT 1	14 70 YRS.	ONTHS DAYS HOURS MIN.
3	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
6	Maryland	USA	WIDOWED DIVORCED	A DETAINE OF COORSES	COUNTY MD.
10	10. CITY OR TOWN OF DEATH		NURSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
6	CLINTON	SOUTHERN MAR	ESTREET ADDRESS) YLAND HOSPITAL CENT	ER Armor Car Dr	all the second s
1		ME OR OTHER INSTITUTION GIVE RESIDENCE			Security
		P.G. Brand		6	X OLON
2	14 FATHER'S NAME	prano	lywine YES NO 15. MOTHER'S MAIDE	Thu Dox 29	} <u>-</u> E
F	FIRST		AST FIRST	MIDDLE	LAST
1	Joseph	0	kle Helen		Chanman
-	160 WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOCIA	L SECURITY NO. 17 INFORMANT	ADDRESS	
	(14 HOSP UNKNOWN) (IF Y	WWII 579 1	.2 4233 Lillian 1	Farmer SAA	
	PART I. DEATH WAS CA	ter only one couse per line (or (o), AUSED BY:	CARDIN RUPE	RE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if on y , whic		ISEQUENCE OF PRIZE O SEPTY	n Myoches in luthing	
	gove rise to immediate couse (a), stating the underlying couse los	DUE TO, OR AS A CON	SEOUTH ALLEY	DISMSE	
		ant conditions <u>contributin</u>	NG TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(0
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
7	00.000.000.000.000 0 0.0000.0	DE DEATH HOUR A.M. MONT	H DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
	WHILE OF WHILE AT WORK AT WORK AT WORK AT WORK AT WORK	218 PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	220. I certify that (I) this I	hospital) attended the descould	from	10 DATE 1	9

22h. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

DEGREE ATTENDING 22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

19 _____, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

T. BERTELE, M.D.

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY STATE

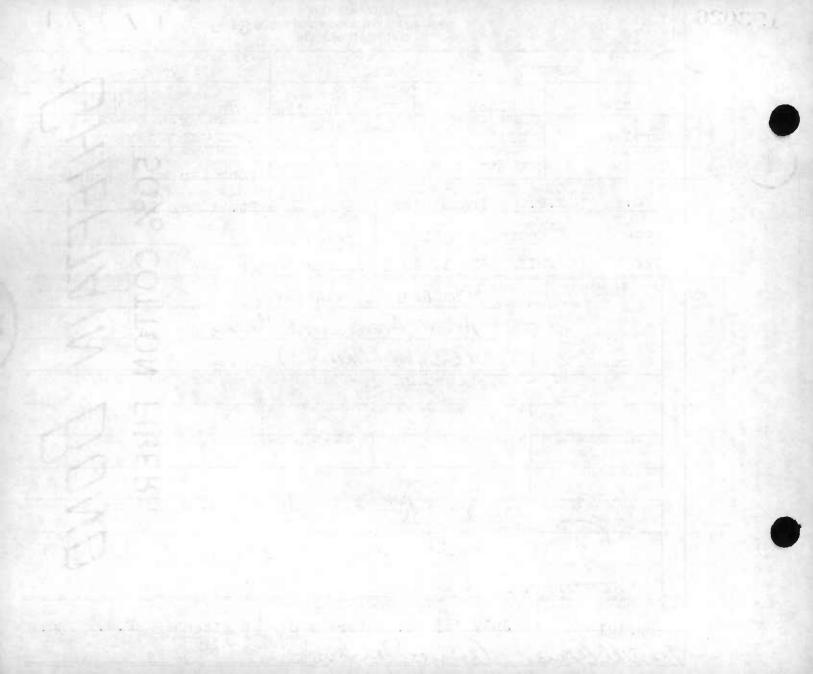
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

SE REGISTRAR'S SIGNATURE



							ARYLAN								
2 1- FOR STATE REGIST	TRAR		м		MENT OF H EXAMINI				34	TH	DC.C	5. NO.	7 9	7	2
1. DECEASE	DNAME	FIRST RUSSE	T.T.	MIDDLE		MZ	ALRY			20 DATE OF	KNOW!	N X M		DAY YEAR	2b. HOUR
3 SEX	4. RA		5. DATE OF BIRT		6. AGE (IN YEAR	IF UND		F UNDER	24 HRS.	R. DATE	MATEC	-		B 1985	A 2d HOUR
MALI		LACK	JAN 2	1960	25 YRS		DAYS	HOURS	MIN	PRONOU	D			3 1985	5:38 PM
FOREIGN CO	ACE (STATE OF OUNTRY)		7b. CITIZEN OF	S.A.	TRY?	MARRIE!	D NEVI	ER MARRI	ED X			_		Count	V san
10 CITY OR	rown of DE		11. NAME OF H (IF NOT IN SUCH	OSPITAL, NUI				ION		TENA	JPATION	(TYPE OF V	WORK 121	OR INDUS	USINESS
USUAL RESID		13b. COUNTY	OTHER INSTITUTION	GIVE RESIDENCE	OR THYS	N)	3d INSIDE CITY	Y LIMITS?	5151STRE	EAST	ERN	AVE.	1	074	13
14. FATHER'S	S NAME ST		MIDDLE		LAST	1	IS. MOTHER	ST MAIDE	NNAME	,	MIDDLE			LAST	
	ARLES	D INTUIS ASSE	50.500.5500	M	ALRY	110	D	AISY					HARF		
(YES, NON	MINKNOMN)	R IN U.S. ARMI			60-979		DAISY		PER52	24 68	th p		ap.h	nts. M	D.
PART 2	ove rise to ouse (a) stating ring cause los OTHER SIGNIFICA	ng the <u>under</u> -	(b) DUE TO, ((c) ONTRIBUTING TO DEA		SEQUENCE O		OR CONDITION	GIVEN IN PAR	T 1 ot.						
IFICAT	ATE OF OPER	RATION	19b. CON	DITION FOR						20 AUTOPS	Y?				
UNDE	RLYING [HOUR A	OF INJURY M. MONTH	DAY YEAR	21c. HOV	W INJURY C	OCCURRED) (ENTERN	ATURE OF IN	YJURY IN ITE	M 18 PART 1	OR PART 2		. 140 🖸
ZId. IN WHILE AT W	E NO AT Y	RRED T WHILE		E OF INJURY ACTORY, FARM, ET	(AT HOME,	21f. LOCA				CITY OR TO)WN		COUNT	Y	STATE
deat ACTU	h resulted fro	A	of the remains of I causes X,	Accident	, Suic	Autopsy ide .	Homicio TITLE (SPE	stan	Undete		MINER	<u>]</u> .	MY Opinio	6-9-8	
EXAM	INER'S NAMI	Ann i	M. Dixo	n. M.D.				$\perp \perp P_0$	enn :	St.	Ba]t	.0.	MD	21201	
EXAM	OR PRINT) _	REMOVAL 23	M. Dixo	23c. N	AME OF CEM	ETERY OR	CREMATOR		23d. LO	CATION	Balt		COUNTY	21201	STATE
Z30. BURIAL, (SPECKY)	CREMATION, BURIA	REMOVAL 23	M. Dixordana Dix	23c. N	AME OF CEMI	ETERY OR	CREMATOR		23d. LOCITY C	CATION OR TOWN	GR.		COUNTY	RYLANI	STATE

-11

ITHEY SAIL

x 915 FARTER ATT.

578-60-9792 TATEN HABERESEA KELH DI. COD. HE. SD.

PARTIANOLE P.O. CAT. ATT.

1339 TORE D. . U. HASE. DS.

FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2		STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N			
		ASED NAME	FIRST		MIDDLE	Ma	arcellino			AY YEAR	26. HOUR
		· ·	oseph		(N.M.I.)			June 1, 19		IF UNDER 1 YEAR	9:20P
3	I. SEX			4. RACE		5. DATE C	DAY YEAR	arts.		ONTHS DAYS	HOURS MIN.
1.2		le		Whi			t. 12, 1916	9. BALTIMORE CITY O	YRS	OF DE ATH	1
- 1	CO	HPLACE (STATE O			WHAT COUNTRY?	MARRIE	D NEVER MARRIED				
		hington,		U.S.		WIDOWE		Prince Ge			
13		OR TOWN OF D	EATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	T ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST C	F WORKING LIFE	INDUSTRY	Blad. H
		lphi			Branch Nu		Home	Engineer		Schoo	1-Board
A	130. ST	ATE	13b. COU		13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
_		yland	P.	i.	Hyattsv	ille	YES NO	5109 59th	Plac	e 2078	1
13		HER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA	ST
7	Igr	nazio			Marcell		Anna				mano
1		AS DECEASED EVI		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT				ridge D
L	Yes	-Army	W.	II.	577-05-	8797	Mr. Frank Ma	arcellino	anham		
F	I	8 CAUSE OF DEA	ATH (Enter or	nly one couse pe	r line for (a), (b), a	nd icili				APPRO)	XIMATE INTERVAL ONSET AND DEATH
		PART I. DEATH	WAS CAUSE	D BY. TE CAUSE (0)	MALI	TONA	NT MEL.	ANOMA		5	KEARS
A	TION	PART 2 OTHER SI					NOT RELATED TO THE TERM	AINAL DISEASE OR CON		WERE FINDS	
4	분							YES NO		YING CAUSES	S OF DEATH?
5	12	la. ACCIDENT WAS I	UNDERLYING T	21b. TIME	OF INJURY		21c HOW INJURY OCCUR				
7	· ·	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	.M. MONTH D	AY YEAR					
	岩	I I EITHER NOTIFY M		-	OF INJURY	14	21f LOCATION				
	불	WHILE NOT	WHILE	(AT HOME 5	TREET, FACTORY, OFFICE,	FARM, ETC }	STREET	CITY OF TO	WN	COUNTY	STATE
	- H		(I) (this boso	ital) attended t	he deceased from,	ma	1079	to	5	10 P.S	that (I) (we) la
		sow the dece	osed alive or	mon	5 19		nd that in (my) (our) opinion	death occurred on the d		_	
- 1	1	obove, (1) (we	(did) (did no	ot) view the loss	y ofter death.		DEGREE		-		ESIGNED
- 1		Te	us ,	He	Von	2	ATTENDING	MEDICAL STA			
Н	-	22d. PHYSICIAN'S	NAME (TYPE)	DO POINTS	Jul.	- 7	22e ADDRESS	DIRECTOR PHYSIC	IAN	June	3, 198
								C4 N TO #	107 5	och n	g 200
+		Luis A.				NAME OF	1140 Varnum	123d LOCATION	103 #	asn. D	200
T'		RIAL, CREMATIO	N, REMOVAI				CEMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
		Buria		June	5,1985 F	t. Li	ncoln Cemeter			P.G.	Maryla
1	24. FUI	VERAL DIRECTOR					250. DA	TE REC'D. BY REGISTRAR	230. KEGISTI	KAK'S SIGNA	TUKE

DHMH - 16 50M 4/83 (VRA 15, 4)

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

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Annual Value of the Control of the C

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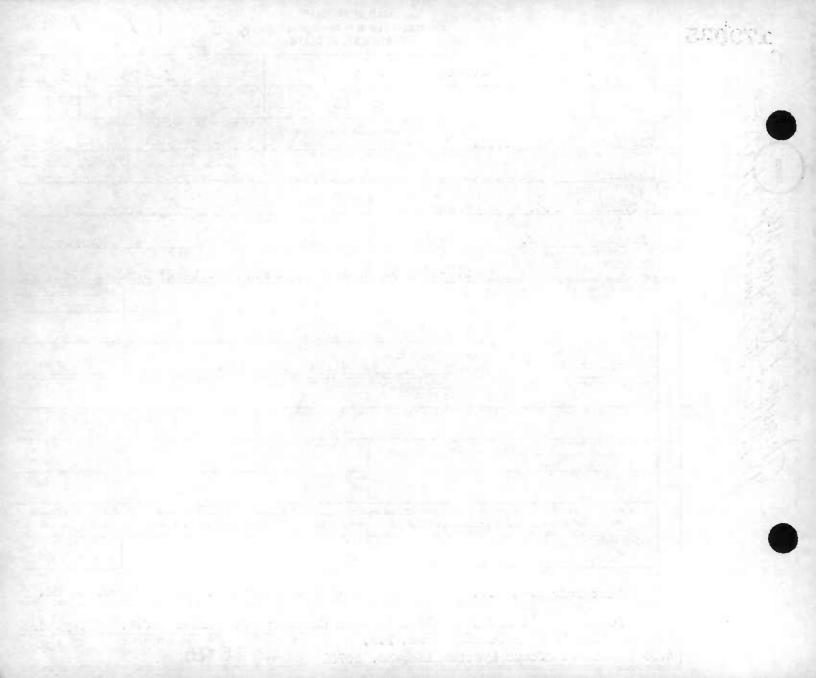
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN S CERTIFICATE OF DEATH

9 7	4
	9/

1.0								REG. N	10.		
	PECEASED NAME	FIRST		DDIE	LAS	51		2a. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	M	lary	Lot	uise	Mar	tin			6-2	13-85	5 4
3. 5		4.	RACE		5. DATE OF	BIRTH		6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
14	Female		Whit	te	'02"	06°	1923	62	YRS.	ONTHS DAYS	HOURS MIN.
Fo.	BIRTHPLACE (STATE OF	R FOREIGN 78	CITIZEN OF W	HAT COUNTRY?	8 MARRIED	X NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Virginia		U.S.A.		WIDOWED	_ DI	VORCED [Prince Ge	orge's	County	, M
10.	CITY OR TOWN OF DE	EATH 1	 NAME OF HO (IF NOT IN SUCH) 	OSPITAL, NURSIN	G HOME OF	OTHER INS	TITUTION	120. USUAL OCCUPAT			
7	Cheverly		Prince (George's	Gener	al Hos	pital	Secretary		Agricu	
130	UAL RESIDENCE (IF NUI . STATE	13b. COUNT		IVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
2	Maryland	P.G.		Glenridg		YES X		7208 Glenr		rive 2	20784
F 14.	FATHER'S NAME	MI	DDLE	LAST			S MAIDEN NAM	MIDDLE			
0	Artie		V.	Ashby			dna	MIDDLE		(IInl	(nown)
160	WAS DECEASED EVE			66. SOCIAL SECU	RITY NO.	17 INFORMA		ADDR	ESS	TOILE	CIOWIT
	(YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	577-24-2	2731	Wesley	E. Mar	tin (Husba	nd) Sa	me as 1	3e
	18 CAUSE OF DEA	TH (Enter only	one cause per li					(11000	1107 00		MATE INTERVAL
	PART I. DEATH	WAS CAUSED IMMEDIATE	BY:	Exsand	~	4				BEIWEENC	DINSEL AND DEATH
- 1				. (/				_		
			DUE TO, OR	AS A CONSEQUE	NCE OF						
	Canditions, if any		(1b)_	WHILE "	thro,	M BOC	VTO PE	N.A			
	gave rise to im		DUETO	AS A CONSEQUE	NICE OF	1					
	underlying caus		1 -			. 10.	1 -	nKEM, A		1000	
				AST CRI							
z	PART 2. OTHER SIG	INIFICANT CO	NDITIONS <u>COM</u>	NTRIBUTING TO D	EATH BUT N	OT RELATED	TO THE TERMIN	NAL DISEASE OR CON	IDITION GIVE	N IN PART Ito	
ERTIFICATION	19a. DATE OF OPERA	ATIONI	101 CONDITI	ON FORWALISM	0050471041	11/16 85855					
9 2	198. DATE OF OPERA	ATION	198 CONDIII	ION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	GS USED
∠ #								YES NO	YES		NO []
J E	270.		216. TIME OF	INJURY . MONTH DA	V VEAD	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	RT 1 OR PART 2)	
7 7	OR CONTRIBUTING		P.M		19						
MEDICAL	21d INJURY OCCUP		21e. PLACE O		19						
ш				FINHIPV		211 LOCATIO	N.				
1 2			(AT HOME STREE	F INJURY IT, FACTORY, OFFICE FA	RM, ETC }	211 LOCATIO)N	CITY OR TO	NWN	COUNTY	STATE
2		VHILE	(AT HOME STREE	F INJURY IT, FACTORY, OFFICE FA	RM, ETC)	211 LOCATION STREET	ON	CITY OR TO	DWN	COUNTY	STATE
×		ORK	(AT HOME STREE	T, FACTORY, OFFICE FA	RM, ETC)	STREET	, 19 ts	city or to	OWN	COUNTY	STATE
¥	WHILE NOT WAT WORK 220 I certify that (1) sow the decea	ORK I) this haspital sed alive an	(AT HOME STREE	deceased from	RM. ETC)	STREET	_, 19.	_, to 23 Ju		9 85 1	hat (U) (we) las
W	WHILE NOT WAT WORK 22a I certify that (I sow the decear abave (I) (we)	ORK I) this haspital sed alive an	(AT HOME STREE	deceased from	RM, ETC) 4 Out	that in (fix)	_, 19.			9 F.J., the and from the c	hat (J) (we) las
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×	WHILE AT WORK AT WORK 22a I certify that (I sow the deceadove (I) (we) (I 22b SIGNATURE	oprille Oprill	(AT HOME STREE	deceased from	RM, ETC) 4 0 0 - , and DE	that in (fiy)	(aur) opinian de	_, to 23 Ju	, 1 ate and have	9 F.J., the and from the c	hat (المرز) (we) las auses stated
<i>†</i>	WHILE NOT WAT WORK 22a I certify that (I sow the decear abave (I) (we)	oprille Oprill	(AT HOME STREE	deceased from	RM, ETC) 4 0 0 - , and DE	that in (fiv)	(aur) opinian de	, ta	, 1 ate and have	9 F.J., the and from the c	hat (المرز) (we) las auses stated
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/	while AT WORK IN AT WORK 22a I certify that (Use of the composed (I) (we) 12b SIGNATURE 22d. PHYSICIAN'S N Robert BURIAL, CREMATION	phis haspital sed olive on (did (did not)) NAME (TYPE OR PI Ruderma	(AT HOME STREE	deceased from	RM, ETC) # J J J J J J J J J J J J J J J J J J	that in (by) GREE 222e ADDRES: 6510 K	(aur) opinian de	, ta	ate and haur	9 85	hat (i) (we) las auses stated SIGNED
/	white at work of at work of a two at work of at we are work of the decear obove (1) (we) 22b SIGNATURE 22d PHYSICIAN'S N ROBERTS. CREMATION	WHILE OPEN THE CONTROL OF THE CONTRO	(AT HOME STREE)) attended the view the bady of RINT) an, M.D. 23b DATE	deceased from 19 ther death.	AME OF CEA	that in (hy) GREE 22e ADDRES 6510 K METERY OR C	(aur) opinian de ATTENDING PHYSICIAN MS	th Ave. #2	, 1 ate and haur	9 85 that the country and from the country	hat (D'(we) las auses stated SIGNED 2/85
230	WHILE AT WORK ON AT WORK 22a I certify that (sow the decea- obove(1) (we) 22b SIGNATURE 22d PHYSICIAN'S N ROBERT BURIAL, CREMATION (SPECIFY) BURIA	WHILE OPEN THE SECOND S	(AT HOME STREE i) attended the view the bady at an, M.D. 23b DATE 6/25/85	deceased from 19 11 ther death.	AME OF CEA	that in (N) GREE A 220 ADDRESS 6510 K METERY OR COOL	(aur) opinian de ATTENDING PHYSICIAN MS SENILWOR	medical standing of the dollar of the dollar standing sta	ote and haur FF CIAN 100 Ri d P. (9 22. DATES 22. DATES C/2 7 verdale	hat () (we) los auses stated SIGNED 2, Md.
230	WHILE AT WORK ON ALL W. 22a I certify that (sow the decea- obove (1) (we) 22b SIGNATURE 22d PHYSICIAN'S N ROBERT BURIAL, CREMATION (SPECIFY) BURIAL DENTALDECGERS	WHILE OPEN THE COLOR OF THE COL	(AT HOME STREE d) attended the view the bady of an, M.D. 23b DATE 6/25/85	deceased from 19 123c N For	AME OF CEA	that in (N) GREE A GREE A GREE A GREE A GREE A GREE COLD CO	(aur) opinian de ATTENDING PHYSICIAN MS SENILWOR	th Ave. #2	ote and haur FF CIAN 100 Ri d P. (9 27. the condition the condition the condition the condition the condition that is a second to the conditio	hat () (we) las auses stated SIGNED 2, Md.
230	WHILE AT WORK ON AT WORK 22a I certify that (sow the decea- obove(1) (we) 22b SIGNATURE 22d PHYSICIAN'S N ROBERT BURIAL, CREMATION (SPECIFY) BURIA	WHILE OPEN THE COLOR OF THE COL	(AT HOME STREE d) attended the view the bady of an, M.D. 23b DATE 6/25/85	deceased from 19 123c N For	AME OF CEA	that in (N) GREE A GREE A GREE A GREE A GREE A GREE COLD CO	(aur) opinian de ATTENDING PHYSICIAN MS SENILWOR	medical standing of the dollar of the dollar standing sta	ote and haur FF CIAN 100 Ri d P. (9 22. DATES 22. DATES C/2 7 verdale	hat () (we) las auses stated SIGNED 2, Md.



Market Land Company and Service Company A. . Table 1 Co X Tudget San 117-x4-2595 or lutear E. Martin (Seile As 15 in many of the state C. Drest Low 6-2-85 Lea Chewenton, VepMington, U.C. 245 A. Anghin tonying U.C. Anghin Constant of Constant Constant of Constant Constant of Constant Constan

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

JUL 02 1985

		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR			
11 /	TYPE	Romano Romano	(N.M.I.)	Mascetti, Jr.	June 28, 1985	2:00A M			
20	3. SE:	(4 RACE	5. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS			
940		Male	White	03NTH 20 DAY 1929	56 YRS.	THS DAYS HOURS MIN.			
(18)	BIRTHPLACE (STATE OR FOREIGN		7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF Prince George's				
oy the		TY OR TOWN OF DEATH yattsville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 5203 70th Place	NG HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION 126. KIND OF BUSINESS OR LIPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Warehouse Supervisor Kraft				
filled in gould be to	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUNTY) 136 COUNTY 136	ITY 13c. CITY OR TOW	/N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 5203 70th. Place	20784			
ond 2 st	14 FA	THER'S NAME ROMANO	(N.M.I.) Mascet	ti, Sr. Eİvira	WIDDLE	Capone			
Poges 1			MED FORCES? E WAR OR DATES) KOrea 166 SOCIAL SECU 579-36-3		ADDRESS etti (Wife) Same a	s 13e			
ig physicio san papers remaval. : event, the		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), on D BY: E CAUSE (a)	ATIC CARRINOMA	OF THE COLON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2YRS 4M05			
by the ottendir lose remove cort of cremotion, or r other troumotic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOUL						
n signed Then ple r to burio injury, or	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART 1/0			
hos been to permit the	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		/ERE FINDINGS USED IG CAUSES OF DEATH?			
g physici ertrificate rial-transi entol Hyg fem 18 sb	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)			
ottendin fter this os the burned hond Mo	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE F	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
Spital or CTOR. Al I for use of Health		22a.1 certify that (1) (the hosp saw the deceased alive on above, (1) (wei thid) (did no	ottended the deceosed from 26 19 8		death occurred on the date and hour or	, that (I) (we) last and from the causes stated			
y the ho RAL DIRE detoched fote Dept		James G.	Brown a		MEDICAL STAFF DIRECTOR PHYSICIAN	6/28/6-			
etoined by TO FUNER, should be d with the Sto		DAMES A.	Brown m)	POCKU	PHYSICIANS LANE	SUITE 282			
BP		Burial Burial		NAME OF CEMETERY OR CREMATORY te of Heaven Cemete	ery Silver Spring I	OUNTY STATE Mont. Maryland			
HMH - 16 60M 7/84	24 FI	JNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR 25b. REGISTRAN	R'S SIGNATURE			

, s naut 100:2 riant situation in in destarille 500% Forth. Place in elimination D. T. Darlaces 1205 7 46, 11200 La me man in the state F. Canchin Sone S.H. ". A. Byndheylle, Maryland All 33 Egg

(B)	FOR 1 - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIEN 5 REG. NO.	7977
2 7 5	1 DECEASED NAME (TYPE OR PRINT) ELEAN	OR V.	MATHERS	20. DATE OF DEATH MONTH	15 85 T 25A
172009	3. SEX Female	Caucasian	5. DATE OF BIRTH May 11, 1922	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
neral direction 72 hay	70 BIRTHPLACE STATE OF FOREIGN COUNTRY) Washington DC	76 CITIZEN OF WHAT COUNTRY? United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF COU PRINCE GEORGE	NTY OF DEATH COUNTY
by the further d	OCHEVERLY	PRINCE GEORGE	G HOME OR OTHER INSTITUTION GENERAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker	126. KIND OF BUSINESS OR INDUSTRY Home
filled in round be in	Usual residence it nursing home Isa STATE Maryland Mor	or other institution give residence before UNIY 13t. CUY OR TOWN TO Wheato		3923 Wendy	Lane 20906
ampletely and 2 sh	14. FATHER'S NAME Alfred	Austin	15 MOTHER'S MAIDEN NA Chissi	.e	Lerch
on and co	160, WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166. SOCIAL SECU 577 28	Hust		Same as item 1
physicic anpapers emaval.	PART I. DEATH WAS CAU	only one couse per line for 101 (b), one SED BY: ATE CAUSE 10)		paiky	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nding carba natics		DUE TO, OR AS A CONSEQUE	NCE OF	Calavi	1000

item Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 1227 nost stron 910 plrome 90 DATE OF OPERATION 200 AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED MCERTIFYING CAUSES OF DEATH? NO [YES 218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET

DEGREE

Gate of Heaven

NOT WHILE 220.1 certify that II (this haspital) attended the deceased from saw the deceased of above, (1) we) (did) (did)n

226. SIGNATURE

and that in my (our) opinion death accurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22e ADDRESS

buite 230. BURIAL, CREMATION, REMOVAL

0300 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION

CITY OF TOWN Silver.

Spring. Maryland

22t. DATE SIGNED

HOUR I 25AM IF UNDER 24 HRS

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

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Sign

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FUNERAL DIRECTOR: haspital

ATTENDING

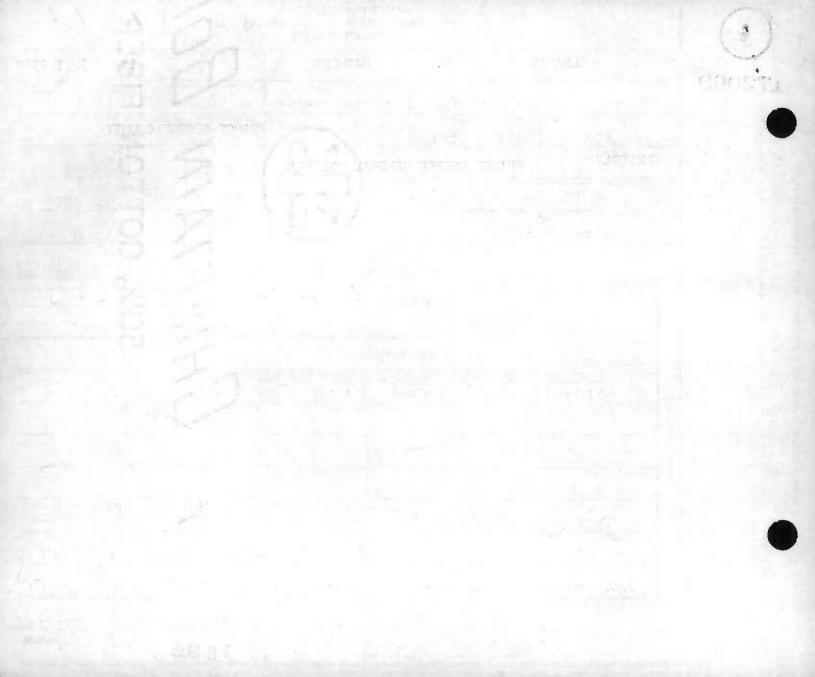
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RALDIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., ROCKVILLE, MARYLAND

18,1985

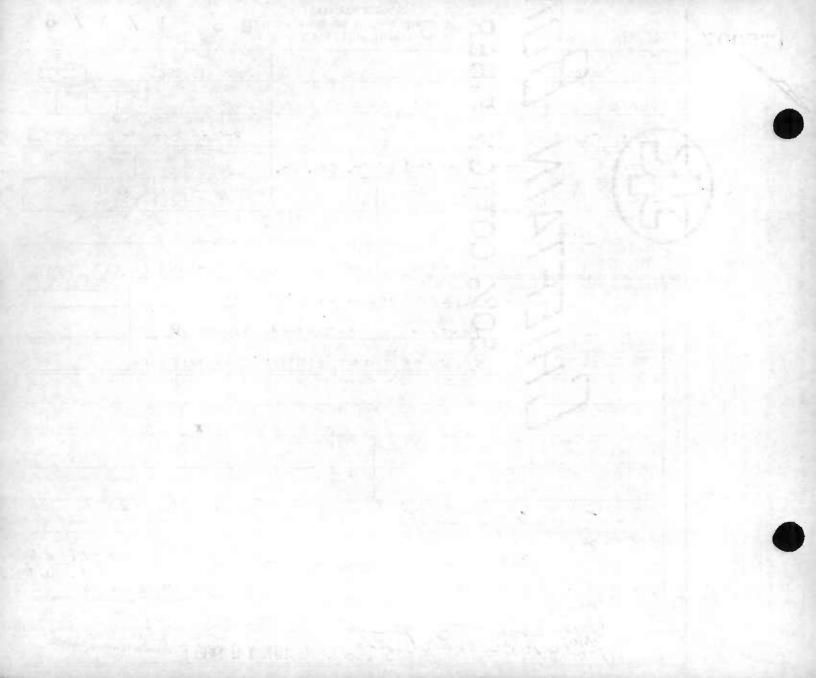
the body after death.

750. DATE REC'D. BY REGISTRAR 256. REGISTRAR S SIGNATURE AND BE



STATE OF MARYLAND					4.4	-
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5	1	7	9	1	3
CERTIFICATE OF DEATH					100	-

75007	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MEN CERTIFICATE OF DEA		NE 8 5	179	7 8
/		CEASED NAME FIRST	MIDDLE	LAST	20	DATE OF DEATH	AONTH DAY YEAR	26. HOUR A
111	(ITPE	Mattie	Willis	McCARTER		June 17,	1985	12:55 M
0 00	3. SE:		4 RACE	5. DATE OF BIRTH	6.	AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR	IF UNDER 24 HRS
ractor.		Female	Black		1923	62	YRS.	HOURS MIN.
1 10 2/	7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY) South Carol:	Th CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARI	RRIED 9	Prince (MD.
113		TY OR TOWN OF DEATH anham	11. NAME OF HOSPITAL, NURS		TION 12	Re USUAL OCCUPATION TYPE OF WORK FOR MOST OF Secreta	N 126. KIND C WORKING LIFE) INDUSTRY	DF BUSINESS OR
(1) 35	Ma	AL RESIDENCE (IF NURSING TO THE STATE TO THE	INSTITUTION GIVE RESIDENCE BEFO 130 CITY OR TO Mitc	WN 134 INSIDE CITY L	LIMITS? 13	eSTREET ADDRESS / 1406 Alb	ZIP CODE OCCUPANT	0115
100	14. FA	Robert Darga	MIDDLE LAST	15. MOTHER'S MA FIRST	T	chardson	LAS	T.
Die de		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT		ADDRES	Š	
1 60		res, no or unknown) (1F YES, GI		5828 Jesse	Will:	is-son-14	06 Albert	Drive
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luires that the cision please in the cition please in the cition of burnal, cretical lury, or other the	Z	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO	TRITION; EI	ntero	CUTANEOUS	FISTULA	J
he law red on. has been i permit. Ti ene prior t	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORME	ED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSES	NGS USED OF DEATH?
ICIAN: TI g physicia certificate rial-tronsit antol Hygi tem 18 sh	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	Y OCCURRED		IN ITEM 18 PART 1 OR PART 2)	
offendin offendin iter this c ss the bu h and Me	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC.) 23f LOCATION STREET		CITY OR TOW	N COUNTY	STATE
TTENDIN pital or TOR: At for use of Mealt 21 is mo		saw the deceased alive an	ital) attended the deceased from	5-8, and that in (my) (aur	r) apinian dea	th accurred on the dat		that (I) (we) lost
TAL OR A y the hos RAL DIREC detoched deto Bept. NT: If Item		22b. SIGNATUR	pangMD	PHYS		MEDICAL STAFF		
ro Hospital etoined by to TO FUNERAL should be de- with the Stote		VINCENT O.	CASIBANG	22e. ADDRESS	4700°	BERNYN EGE PAR	MARYLAN)	, , , , , , , , , , , , , , , , , , , ,
BP	E	URIAL, CREMATION REMOVAL PERSONAL		NAME OF CEMETERY OR CREM		23d LOCATION CITY OR TOWN Metery	Suitland,	
OHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	INERAL DIRECTO	Ti Slewan	Benning Roa	250. DATE RI		sh REGISTRAR'S SIGNAT	REdelle



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- (FAR) 7	USU		IF IN NURSING HOME	OR OTHER INST	TITUTION, GIVE	RESIDENCE	BEFORE ADMISS	(OUI)	13d. INSIDE CIT		13e. STREET	ADDRESS		20	784
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MD.	14. F/	ATHER'S NAME		MIDDLE			LAST		15. MOTHER	R'S MAIDEI	NAME	WIDDLE		LAST	
ORE, MI DEATH NGES 1, NA PM NA NA NA PM NA NA NA NA NA NA NA NA NA NA NA NA NA NA N	R	obert		D.			lellan	d	San		1979	Lee		Higg	s
LTIMOR LTER DE VE PAGE FORM GES 1-A		WAS DECEASED	DEVER IN U.S. AR	MED FORCE		16b. SOC	IAL SECURI	YNO.	17. INFORM.	ANT		ADDI	RESS Addr	ress Sa	me as
JRS AFTER B. GIVE PA WITH FOR WITH FOR DIVISION	N	0				717-	-07-65	87	Mrs.	Albei	rta B.	McCle:	lland	No# 13	e.
T., F.		18. CAUSE O	F DEATH (Enter or ATH WAS CAUSE	nly one cau								And Lay		APPROXIA BETWEEN O	MATE INTERVAL
ON S TEM TEM ONG SPERV SPERV VAL.		PARTICL		TE CAUSE	(0)				1 dise	ase.					
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PRESI VITHIN VCIL IN INER A RANSIT TAL HY REMC		gave ris	is, if any, which se to immediate		(b)										
TED WIND PENCY XAMIN YEL TRAMIN MENT, OR YEN'S OR YEL'S OR YEN'S O		lying cau	stoting the <u>under</u> - se lost.	DU	IE TO, OR A	S A CON	SEQUENCE	OF							
LI RECORDS, 20) UID BE EXECUTE "PENDING" IN FE MEDICAL EX EED AS A BURIA! HEALTH AND M AI, CREMATION		BANK O DYNES CH	THE CONOUNCE OF		(c)										
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₹ 수원표있으로 >4	CERTIFICATION	None							7.012.11.01.7					YES [
OF VITE SE THE CITTLE C	ER		L CAUSE WAS		. TIME OF I			21c H0	OW INJURY (OCCURRED) (ENTER NATU	RE OF INJURY IN ITE	M 18 PART 1 OR P.		J NO K
VISION OF V CERTIFICATE S TING THE WO PED TO THE C SAOULID BE DEPARTMENT I PRIOR TO BU		UNDERLYING	OR CAUSE OF		P.M.	MONTH	DAY YEA	R			None				
VISIO ERTII TING TING TING 3 SH DEPA PRIC	MEDICAL	214 INTITIPY C	CCLIPPED	210	e PLACE OF		(AT HOME,		CATION			To be to de			
_ = ₹ ≤ ₹ C	8	WHILE AT WORK	NOT WHILE [3	STREET, FACTO	RY, FARM, ET	(C.)	3	TREET		CII	Y OR TOWN	CC	YTAUC	STATE
			y that I took chor	ge of the re	mains desci	ribed abo	ve held an	Autop		Inspection	X.	nguiry .	ond in my o	nunion	
NA STATE		death resulte		ral causes		Accident		picide	Hamics			ned manner		pinion	
XXAA XXAA IID B WITH WITH			1	0	1	/			TITLE (SP						
A PACALET		ACTUAL SIGNATURE_	Ca	+	10	20	2 3	8 alu	Dep	uty	MEDICA	EXAMINER	DATE	_{ED} 6/13	3/85
NE STATE		EV A MINICO	CAME -							1919	Semin	ary Roa	d		
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFFER DEATH, WITH THE STILL AND AFFER DEATH AND AFFER		EXAMINER (TYPE OR PRIN			. Roge							ing, Mo	ntgome	ry, Md	
DA STAR	23a.B	SPECIFY)	TION, REMOVAL						RCREMATO		23d. LOCA		COL	INTY	STATE
07/84 BP	04.5			June	15,19	85 F	ort Li	ncoln	Ceme			twood			aryland
DHMH - 17	74. F	UNERAL DIREC	s Sons F	** 5	ADDRESS			Me	2	DATER	C. B BKE	985"	resus ibaby	MAN CONTRACTOR	200
(VR A15 ME (5))	F.	uascn'	s sons F	•н• Р	.A. H	yatts	SAITTE	, Piatr	yrand					227.0	

Track Person In the lead the state of the s dreder Be seigh - ann . Though . Medicined No line. Bunfyron Inn Backing of the 18, 1994 Pent Lincoln Smitery P. Brentwood in Conclus and F.H. F. C. Bratlaville, Maryland 162061

6806 Walker11 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED, (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) COUNTY STATE , and that in my four ppinion death accurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN BP. lemorial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Charlettood 19 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

2h HOUR

12b. KIND OF BUSINESS OR

Wash. Gas. CO.

IF UNDER I YEAR

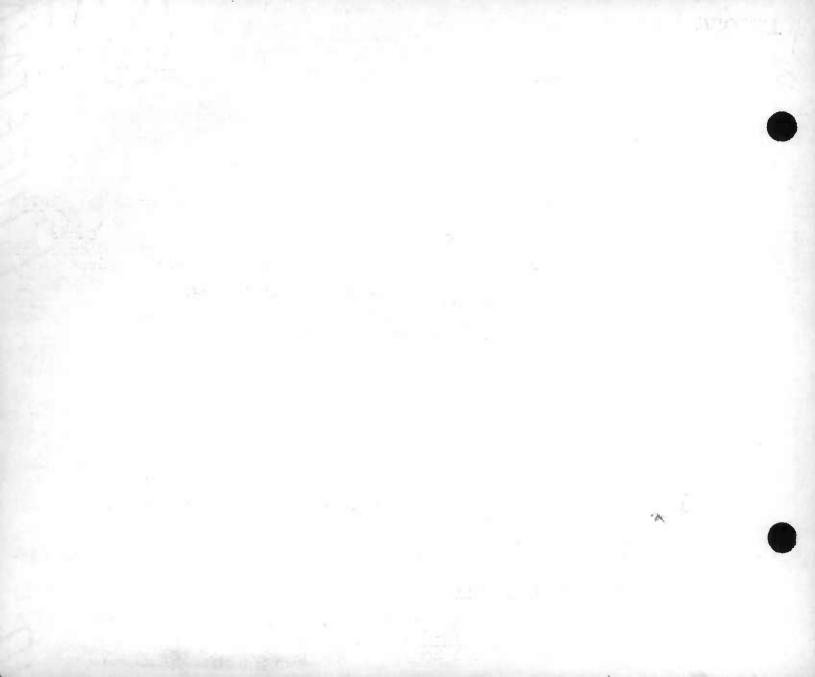
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 178079 - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR DECEASED NAME 20. DATE KNOWN TA TYPE OR PRINTI B . ESTI-FI.VA McLANE 19 85 6 18 DEATH MATED 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) Mar. PRONOUNCED Female Black. 18 1085 16.1907 DEAD BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DREIGN COUNTRY Arl.Co.Va. U.S.A. DIVORCED WIDOWED I Prince George IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Prince George's General Hospital Ret. U.S. Govt UAL FESIDENCE UE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Arlington Va. 1713 So. 14th YES . FATHER'S NAME 15. MOTHER'S MAIDEN NAME Leroy Robinson Novella Mitchell 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 578-09-7305 Kathyrn M. Robinson. 1713 S. 14th St. Arl 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cerebro-cardiovascular disease IMMEDIATE CAUSE (c DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED TIE PLACE OF INJURY (AT HOME III. LOCATION STREET, FACTORY, FARM FTC) CITY OR TOWN WHILE NOT WHILE Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinion Natural causes Suicide Homicide L Undetermined manner TITLE (SPECIFY) DATE 6/18/1985 Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct , Temple Hills, Md Augusto P Rodriguez. M.D. 23a BURIAL CREMATION REMOVAL 23b DA 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE (SPECIFY) LincolnMemorial Suitland 25b REGISTRAR'S SIGNATURE NAME Chinn Funeral ST. Arlington, Va. 22206 (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 28 DATE OF DEATH XTYPE CHEPRICAL Carl McLaughlin 1-5EX 4. RACE 5. DATE OF BIRTH AGE CONTERNS LAST BENEFORT IF UNDER 1 YEAR ANCHOR YEAR 1910 July To BIRTHPLACE PETATE ON YORKSON 7h CITIZEN OF WHAT COUNTRY! BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY U.S.A. Cuba DIVORCED [Prince Georges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12k KIND OF BUSINESS OF OF NOT IN SISCH FACILITY GIVE STREET ADDRESS. LTHE OF WORK FOR MOST OF WORKING LIFE. INDUSTRY 6917 Shepard St Chef THE CITY OF TOWN 13e STREET ADDRESS 6917 Shepard Hvattsvil IS MOTHER'S MAIDEN NAME N. FATHER'S NAME John McLaughlin Annabella As WAS DECEASED EVER 166 SOCIAL SECURITY NO. 17 INFORMANT 9320 Edmonston Ro LYES, HO OF UNKNOWNS LIF YES, GIVE WAR ON DATEST Yes Carlos Cremata Greenhelt, Md. 2077(II. CAUSE OF DEATH (Enter only one course per PART I DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate coose to storing the underlying cause lost CHARGETING OF A ALBUT NOT RELATED TO THE TERMINAL DISEASE OR CONT In DATE OF OPERATION 30s. AUTOPSY? JUNE 1 YES, WERE FINDINGS USED NO F THE ACCIDENT WAS UNDERLYING THE TIME OF INJURY THE HOW INJURY OCCURRED. (INTER MATURE OF POJURY IN ITEM TE PART) OF PART 21 OF CONTRIBUTING [] CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OF EITHER SICH PLANTER ALTRAMPEN 214 INJURY OCCURRED 27e. PLACE OF INJURY TIL LOCATION TAT HOME THEET FACTORS OFFICE FARM, ETC.) COUNTY CITY OF TOWN STATE or) opinion death acorred on the date and hour and from the gouses stated 275 SIGNAR PHYSICIAN DIRECTOR PHYSICIAN 5701 85th Ave. New Carrollton, Md. William D. Rosson, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cheltenham P.G. Md. June 24,1985 Md. Veterans Cem. Burial 24 FUNERAL DIRECTOR Howard Hales Lanham Funeral H 250. DATE REC'D. BY REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) 9013 Annapolis Rd. Lanham, Md. una Lieux door

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BALTIMORE	PAGE ORW ON OF	16a \		EVER IN U.S. AR		166. SOCIAL SECURI	TY NO.	17. INFORMANT	4	9885-180	Canyon Rim Re
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DIVISION OF VITAL RECORDS,	MEN	MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS		. MONTH DAY YEA	R 21c HC	OW INJURY OCCURR	ED LENTER NATURE OF INJURY II	N ITEM 18 PART 1 OR PA	
Sio	CERTIFIC TING TH DED TO 3 SHOU DEPART	DIC	21d INJURY O	G CAUSE OF	DEATH P.M.		21f. LO	CATION			
VIO	THIS CERT WARDED PAGE 3 SI TATE DEP	ME	WHILE AT WORK	NOT WHILE C	STREET, FACT	ORY, FARM, ETC.)		TREET	CITY OR TOWN	co	DUNTY STATE
	TO MEDICAL EXAMINER: EXECUTE THE CRETIFICATE PAGE 4 SHOULD BE FORF TO FUNERAL DIRECTOR: AFFER DEATH, WITH THE S BALWINGE, MARYLAND,		death resulte		ge of the remains desiral causes	Accident , S	Autop:	Hamicide ,	Undetermined manne	and in my a	
	A HOLD A HOLD A		SIGNATURE	1 Augus	10 / 10	augues)	M	Deputy	MEDICAL EXAMINE	DATE SIGNI	FD 6-7-85
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07/B4	BP.	(:	Burial	./.	June 11 1	985 Arling	ton Na	ational Ce		er, Virgi	inia STATE
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		REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.		
		CEASED NAME	FIRST	1	AIDDLE	i i	AST	20 DATE OF DE	ATH MONTH E	AY YEAR	2b. HOUR
	TYPE	OR PRINT)	LARENCE	Ξ	F.	MEAD(DWS		6/2/8	5	3:30 pm
	3. SE>		4.	RACE		5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEA	
		Male		Whit	te	Nov	. 11, 1935	49	YRS.	ONTHS DAY	S HOURS MIN.
1		RTHPLACE (STATE C	R FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
1		est Virgi	nia	U.S.A	A.	WIDOWE		PRINCE	GEORGE'S	COUNT	TY MD.
6	CLI	TY OR TOWN OF D	5	SOUTHER	N MARYLAN	D HOS	PITAL CENTER	170 USUAL OCC (TYPE OF WORK FOR Sales:	UPATION MOST OF WORKING LIFE MAN	12b. KIND INDUSTR	OF BUSINESS OR Y Gov't.
2	1	at residence (IFNE STATE Maryland	13b COUNT Pr.	George:	GIVE RESIDENCE BEFORE 13c CITY OR TOW Ft. Was	ADMISSION) h.	13d. INSIDE CITY LIMITS?		RESS / ZIP CODE La Fort I	Ra. 20	744
9	14 FA	Clarenc	e J	. Meado	OWS . LAST	r ·	15. MOTHER'S MAIDEN NA Cora		DDIE Mil	Ldred	AST
	Ióa V	VAS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS 102	16 01a	Ft. Plac
		YES NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	236-52-2	036	Anne Shupe M	leadows -	Tri fo		sh. Md.
At the Country	1000	Conditions, if or gove rise to it	which nmediate ting the		faite	REELE STE	e girker	i Mill	2 Ency	Kalp	rtly
	CERTIFICATION	PART 2. OTHER SH		Dell	youati	m	NOT RELATED TO THE TERM	THE AUTOPSY	7 \$20h IF YES.	WERE FIND	DINGS USED
	RTIFI			-			E. 1124 S.	YES [] NO	YES YES		NO 🗆
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	1	22h SIGNATURE	110	7		M-		DIRECTOR P	STAFF PHYSICIAN []	5 DAT	3-85
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		SURIAL, CREMATION	-1	23b DATE			EMETERY OR CREMATORY	23d LOCATIO	hington,	Henris	STATE
120	24 E	Remova JNERAL DIRECTOR	-				town Med. Sch		TRAR 25b. REGISTE		ATLINE
	24 FU	NAME	Columbi	a Mort	uary Agerv	ices.	Inc.	d MOOG.	OTRAK ZIB. REGISTI	CAR'S SIGNA	ATURE
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STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH

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4	CITY OR TOWN OF	DEATH		OSPITAL, NURSING		OR OTHER INS	TITUTION	120 USUAL OCCUPAT		12b. KIND C	OF BUSIN	ESS OR
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	226. SIGNATURE		/)	arret acarri.		DEGREE	There's			22c. DATE	SIGNED	
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	22d. PHYSICIAN	S NAME (TYPE	OR PRINT)	-	_	22e ADDRES		A	01	0	-(-)	/
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230	BURIAL, CREMATI	ON, REMOVA	23b. DATE	23c. NA	ME OF C	EMETERY OR	CREMATORY	23d LOCATION				
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DHMH - 16 50M 4/83

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TO FUNERAL DIRECTOR:

IMPORTANT: If hem 21 is should be detoched for with the State Dept. of h

r use as the burial-transit permit. Then please remave carbanpape Health and Mental Hygiene prior to burial, cremation, ar removal

ADDRESS Suitland, Md Robert E Wilhelm Funeral Home (VRA 15, 4)

24. FUNERAL DIRECTOR

Mt Olivet Cemetery

Suitland, Md JUN 12

D.C. Wie Davidson-Ra

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S NECESSARY, PLEASE FUNERAL DIRECTOR. E S,FOR YOUR FILES. DWITHIN 72 HOURS	- "	PPE OR PRINT)	Brian		Willi	am	Mer	son		1	OF DEATH	MATED	6/	9/	19 85	
PLEA FILE STREET	3. SE	X	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS	IF UNDE		IF UNDER		2c. DATI		MONTH	DAY	YEAR	24 HQU
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VITAL RECORDS, 201 W. PRESTON ST N: The law requires that the death certi- vysicion. Isote has been signed by the attending panars permit. Then please remove corbon Hygiene prior to burial, cremation, or rem 18 shows any injury, or other traumatic ev	CERTIFICATION	Canditions, if ony, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN DATE OF OPERAT OF CONTRIBUTING TO CONTRIBUTING T	which nediate the last. INFICANT CO DICTION O DICTION ERLYING TO T	DUE TO, O ONDITIONS CO A STO MA 196. COND 216. TIME C	RAS A CONSEO RAS A CONSEO ONTRIBUTING TO TO MU ITION FOR WHICH OF INJURY	DEATH BUT	NOT RELATED N WAS PERFO	of th	20a AU	rain TOPSY?	20b. IF YES	S, WERE FINE FYING CAUS	DINGS US SES OF DEA	ATH?
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SOLLINS FUNERAL HOME, INC. 4339 HUNT PLACE, N.E. West 15 0 1, 0.0. 20019

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO FUNERAL DIRECTOR: should be detoched with the State Dept. IMPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84

(VRA 15, 4)

23b. DATE 6/5/85 230. BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR ROLLINS

4339 HUNT PLACE, N.E.

231 NAME OF CEMETERY OR CREMATORY Lincoln Memorial ERAL HOME, INC.

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WE'S	S OF S	-	EXAMINER'S NAME	August	o P. Rodi	riguez, M.	Ď.	ADDRESS 5009	Rayburn	Ct, Tem	ple Hill	s,Md
PAGE 7	PA PA							ADDRESS				
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(VR A15	ME (5))			al Hon	ne Su	itland,	Mary	Land	0 1085	gullan David	son-Handa	
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ACTIVOR. MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR AFTER STAIL IF ANY DELAY IS NECESSARY, PLEASE TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR AFTER STAIL IF FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG WILL FORM STAIN PAGE 5 FOR YOUR FILES.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFFEC SATING THE PANY DELAY IS EXECUTE THE CERTIFICATE. WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. NUMERICISES A AND 3100 THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT FEMBLY PAGES AND 2 SHOULD BE FILED AFFER PEATH, WITH THE STATE DEPARTMENT OF HEATH AND MEDICAL EXAMINER. DINISION OF WAR RECORDES TO BALTIMORE, MARYLAND, 21201 PRIOR TO BENATION OR REMOVAL.	DIVISION OF VITAL RECORDS, 201 W. PESTON ST. CHANGE. TO MEDICAL EXAMINER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR ATER A SHOULD BE EXECUTED WITHIN 24 HOUR ATER A SHOULD BE EXECUTED WITHIN 24 HOUR A SHOULD BE TOWN WITHIN 72 HOURS AND A SHOULD BE TOWN WITHIN 72 HOURS AND TOWN	DIAME TO ECRASED NAME (TYPE OR PRINT) 3. SEX 4. RACK TO ENTRY HOUSE OF TOWN OF DE TENGLAND TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) FING AND THE CHEE TO FOREIGN COUNTRY) TO SIDE A SHOOLD BE EXCED BY THE CHEE MARY LAND TO FOREIGN COUNTRY) TO FOREIGN COUNTRY TO	TO COLUMN TO THE PROPERTY OF THE STATE REGISTRAR I DECEASED NAME FIRST I DECEASED NAME I RACE I R	TOTAL HAND BELLEVING THE STATE OR PRINCIPLY AND ADDRESS OF THE STATE O	POR STATE REGISTRAR STATE REGISTRAR STATE R	DEPARTMENT OF HEALTH REGISTRA PECASED NAME PRESISTRA DEPARTMENT OF HEALTH REGISTRA MEDICAL EXAMINER'S CO MODE MODE MEDICAL EXAMINER'S CO MODE MODE MEDICAL EXAMINER'S CO MODE M	TO SO STATE AND THE STATE AND	DEPARTMENT OF HEALTH AND MENTAL HYGENES. ### RECISITRAN FOR MEDICAL EXAMINER'S CERTIFICATE OF DEATH RECISITRAN RECIPIED RECIP	DEPARTMENT OF HEALTH AND MENTAL HYGENES. Total Control The Control	DEPARTMENT OF HEALTH AND MENTAL HYGENE; MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO DEATH MATER TO CERSON MATER TO COMMON THE SECON MATER TO COMMON THE SECON MATER TO CERSON MATER TO CHIEF OF WHAT COUNTRY TO MASSED SPECE AMERICA DESCRIPTION OF DEATH TO MASSED SPECE AMERICA DESCRIPTION OF DEATH TO SECON MATERIAL DESCRIPTION OF DEATH

Edward Morrell

(VRA 15, 4)

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MARYLAND 2120

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR 162113 REG. NO DECE ASED NAME LAST 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS MILDRED BERNICE MURPHY JUNE 1985 2:44A M 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR FEMALE CANCASIAN 1914 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's LAURE! WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR Lanham (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Doctors' Hospital of Pr. Geo. Co. HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MD 1.6 LAUREL 8532 MULBERRY ST. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME THOMAS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATES! 218-76-0001 William R. MURPHY 18 CAUSE OF DEATH (Enter only one couse per line for Aci, (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the

DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. raemia AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDINGS GIVEN IN PART TO 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC) CITY OR TOWN STATE HC1 WHILE 72s.1 certify that (I) After hospital) attended the deceased from June and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (f) (wat 77h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [22d. PHYSICIAN'S NAME (TYPEOR PRIN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detach

MPORT

FLECK F.H. INC.

INY HILL CEMETERY

CITY OR TOWN

PE ME

LAUREL MD 20707

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REGISTRAR'S SIGNATURE

	STATE OF MARYLA
172075 1- STA	DEPARTMENT OF HEALTH AND N
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ND ENT OF HEALTH AND MENTAL HYGIEN

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CITY OR TOWN	OF DEATH		HOSPITAL, NURSING		OR OTHER INS	TITUTION	12a USUAL (OF BUSINESS
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FATHER'S NAM	Æ	WIDDLE	LAST		15 MOTHER	'S MAIDEN N	AME	MIDDLE			AST
Jer:	imiah	J.	Crowley		M	ary		Eller		Kea	arney
60 WAS DECEAS		ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORM	ANT		ADDRE	ss 702	1 E Che	esapeak
No			215-38-31	27	Louis	e M. St	tack (Co			dover,	Md. 20
18 CAUSE	OF DEATH (Enter	anly one couse per	line for (a), (b), and	(c)			11	1		APPRO BETWEE	XIMATE INTERVAL N ONSET AND DEAT
NO	OPERATION	NT CONDITIONS <u>CC</u>	TION FOR WHICH C		3000		MINAL DISEAS		20b. IF YE	S, WERE FIND	INGS USED
							YES 🗌	NO		ES 🗌	NO 🗌
00 6 00 170 101	T WAS UNDERLYING		FINJURY M. MONTH DAY	YEAR	21c. HOW II	AJURY OCCU	RRED (ENTER NA	TURE OF INJUR	Y IN ITEM TB	PART I OR PART 2)	
S (IF EITHER, N	OTIFY MEDICAL EXAM	AINER) P.		19							
21d. INJURY	OCCURRED	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FAR	RM, ETC }	21f. LOCAT			CITY OR TO	WN	COUNTY	STATE
AT WORK	NOT WHILE AT WORK			7/	1	*27	,	/ 4:	/		
sow the	e deceased alive	ospital) ottended the	19 /	2.01	nd that in (my	(our) apinior	death occurre	d on the do	te and ha	ui and from th	e causes stated
22h S)G)/A		2 17	111	er	DEGREE	4 7				22c. DAT	ESIGNED
J'h	ma (Ih. He	Melin	-)	ne D	ATTENDING PHYSICIAN 3	MEDICAL MEDICAL	STAF	F IAN	6-1	11-85
	IAN'S NAME (T	VPE OR PRINTS			22e ADDRE	SS					
Thor											
30 BURIAL, CREA		Hutchin	s, M.D.		6214	Lando	over R	oad,	Lan	dover,	Md.
	mas M.	Hutchin VAL 23b DATE	23c. NA		EMETERY OR	CREMATORY	23d LOCA		Lan		Md.
Du	nas M. MATION, REMOV	Hutchin VAL 23b DATE 6/13/8	35 23c NA	ingt	emetery or on Nat	crematory	23d LOCA	TION		NYX'	CYAVE
Du	nas M. MATION, REMOV	Hutchin VAL 23b DATE	35 23c NA	ingt	emetery or on Nat	crematory	23d LOCA	TION		NYX'	CYAVE

DHMH - 16 60M 7/ (VRA 15, 4)

BP.

2017-HQ-315

	1						MARYLAND				O 17	
168111		FOR STATE			DEPARTMENT					1 4	7 3)
TOOTTHE		REGISTRAR		WE	DICAL EXA	MINER'S	CERTIFICA	TE OF DEA	REG			
10	I. DE	CEASED NAME E OR PRINT)			MIDDLE		LAST		20 DATE KNOWN	MINON X	DAY YEAR	26 HOUR
ASE LES. LES.			NORR		WILL	IAM	MUSGRO	VE, JR	OF ESTI-	□ 6-11-	85 19	٨
FC F	3. SEX		1. RACE	S DATE OF BIRTH		(IN YEARS IF UI	DER I YR, IF U	NDER 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d. HOUR
ON 200 PR	M	ALE	WHITE	DEC 7	1949 3.	YRS.	III DATS HO	MIN.	DEAD	6-11-		8AM ,
RAIL WALL	0.00	DE LOUI COLLEGE	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8 MARE	HED NEVER	MARRIED [9 BALTIMORE CI			-
S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREET,	WI	2 SHINGTON	V. DC	u	SA	WIDOV		VORCED	Prince	George's	Count	У
SHAD!	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME, OR OTH	HER INSTITUTION	1 120. USU	JAL OCCUPATION	(TYPE OF WORK 17h	OR INDUST	
10000	Ch	ever1v		Prince (Geroge's	County	Hospital	FACI	LITIES MA	NAGEL E	LECTAR	
10 SEX 3		L RESIDENCE	IF IN NURSING HOME C	OR OTHER INSTITUTION, O	13c. CITY OR TO	ADMISSION)	1134 INSIDE CITY LIV		EET ADDRESS			705
1 経過200		MD.	136 PR.	TEO.	BELTEVI	LLE		0 49	18 MAN4	SIM AVEN	IVE	100
B 50003	14. FA	THER'S NAME		MIDDLE	IAST		15. MOTHER'S	MAIDEN NAME	MIDDLE		LACT	
PARTE BE		NORRU	7	hs.	MUSGROV	5	BLA	WCHE	MIDDLE	BRUN	VNER	
BALTIMOR S. AFTER DE GIVE PAGE TITH FORM PAGES 1 A IVISION OF	16a. V	VAS DÉCEASED	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORMAN		ADD	RESS		
BALTIMA JRS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION	,	No	in tes, ove	WAR OR DATES	579-62	-3447	NORRIS	W. MUS	GROVE SR			
: 5,∞,≥ = 0	5	18 CAUSE OF	DEATH (Enter on	ly one couse per lin	e for (o), (b), and (d	:).)					APPROXIMAT BETWEEN ONSE	
	r	PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (o)	Head inju	ry					BETWEEL ON 3E	I AND DEATH
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AITHIN VCIL II			s, if ony, which e to immediate	(b)								
SENTEN W		cause (o)	stoting the under-		R AS A CONSEQUE	NCE OF			Literaci		1 (c) A (1)	
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ROGERE AAN AATI		PART 2 DTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELATED TO T	HE TERMINAL DISEA	E OR CONDITION GIVE	N IN PART 1 (d).			141.04	
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LE FEET AND THE SECOND	3	190. DATE OF	OPERATION	196 COND	ITION FOR WHICH	OPERATION V	AS PERFORMED	?		ľ	PHEAD'S	INLY)
VITAL SHOUL CHIEF BE USE BURIAL	E										YESX	NO 🗆
CERTIFICATE SHOULD BE ENTING THE WORD "PENDIN" DED TO THE CHIEF MEDIC DEPARTMENT OF HEALTH. 1 PRIOR TO BURIAL, CREM.	MEDICAL CERTIFICATION		L CAUSE WAS	216. TIME C	OF INJURY				NATURE OF INJURY IN ITE) -	
S SHOOTE S	3	UNDERLYING CONTRIBUTION	A X OR	DEATH ? P.	6-6-85	sut	oj. appa	rently	fell foun	id at bot	itom at	stair
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S S S S S S	2	AT WORK	NOT WHILE	hom	e	493	18 Manhe	in Aven	ue Bettsv	rile, oma	iryland	d STATE
P STA		77g. Lcertif	v that I took chara	e of the remains de	escrib (cHEADhe C	NI Y) Autor	sy XX Inc.	pection .	Inquiry	ond in my opinio		
EXAMINER: CCERTIFICATE OULD BE FOR UDID BE FOR WITH THE S MARYLAND.		deoth resulte		rol couses ,	Accident X	Suicide	Homicide		ermined monner		218	
ERTIIN ARY			(1)	A	7	00/1	TITLE (SPECI		innica monner			
A POOP		ACTUAL SIGNATURE_	M	Morte	Me in	VIII.	Assist		ICAL EXAMINER	DATE SIGNED_	6-12-8	85
DICAL THE THE A SHO NERAL DEATH NORE, I			M		Vanal1	MD			n Street	3101450=		
TO MEDICAL EX EXECUTE THE C PAGE 4 SHOUL AFTER DEATH, BALTIMORE, M		EXAMINER'S I	NAME MAI	rgarita A	. Korell,	, ri. U.	ADDRESS	TIT I GII	11 301 666			
524548 _	230.B	URIAL, CREMAT	ION, REMOVAL 2	36 DATE	23c, NAME C	F CEMETERY C	R CREMATORY	23d. LC	CATION	COUNTY		TATE
07/84 BP		BURIA	4	UNE 14.198	S UNION	CEMETE	4	13	URTONSVIL	LE		ATATE
25M DHMH - 17	24. FI	JNERAL DIRECT	TOR	ADDRES	5		250. [DATE REC'D, BY	REGISTRAR 25b. R	REGISTRAR'S SIGN	NATURE	
(VR A15 ME (5))	1a	Rhy try	wal Home- &	Gralles:	sy carel	DEMIN	UC	Habit 4	2 1005	10.4	Ph &	7, -
			11	7	/			wort 1	L S ASS C			

A SH MALE DEC 1849 IL MANNER AS THE MANNER A FACILITIES MANAGE ELECTRICAL ath 18, Geo. Teaching any and an Angles 20,20 MERCE IN MICHELE TRANSME BRINDER STY-LI- SHUT MILLER IN PROSERVE SC. BLOOL THE HIST BOW CONSTRUY BUTTHERIESE Tetras Parcel time De Miller 35 carel the Sil De

	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO.	7	9	9	5
Ì	DECEASED NAME	FIRST	N	AIDDLE	- l	AST	2e. DATE OF D	DEATH MONTH	DAY	YEAR	26 HOUI	?
1		Jean	Russ	sell	NANC	E	June	16,1985			2:30)A M
1	3 SEX	4	RACE	11241533	5. DATE C		6 AGE (IN YEA	RS LAST BIRTHDAY)		RIYEAR	IF UNDER	
ı	Male		White		MONTH	2 19 YEAR 15	70	YRS	MONTHS	DAYS	HOURS	MIN.
	70. BIRTHPLACE (STATE OF COUNTRY) Misso		b. CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI WIDOWE	D X NEVER MARRIED		rince Ge				MD.
7	10 CITY OR TOWN OF DE Lanham		1. NAME OF H	OSPITAL, NURSIN	G HOME C	Pr. Geo. Co.	12a USUAL OC	CCUPATION OR MOST OF WORKING	LIFE) INC	USTRY	FBUSINE	SSOR
1	USUAL RESIDENCE (IF NUI	RSING HOME OF O	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	12. STREET AP	DRESS / ZIP CO			GOV	
4	Md.	Pr. (Greenbel		YES NO		RidgeRd.	DE	207	70	
	14 FATHER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NAM	ΛE	WIDDLE		LAST		
1	Monte			Nance		Evelvn		ALDO L			lack	
	160 WAS DECEASED EVE (YES, NO OR UNKNOWN) Yes		WAR OR DATES)	578-14-5		Mrs. Marie	Nance	- Same a				
	Conditions, if on gove rise to in couse (a), state underlying cous	WAS CAUSED IMMEDIATE y, which mediate ing the e last.	BY: CAUSE (b) DUE TO, OR (b) DUE TO, OR (c)	Can do o RAS A CONSEQUE TSCHEN AS A CONSEQUE WINN	NCE OF	hent Dise	se co	rhythma ogedine	her	1 7a	Lucy China	VAL DÉATH
4		r ca	reimon	a, Deg	ener	ALLE TO THE TERM	- &:	eane	- ,		M	
	RTIFIC				OPERATIO		YES .	NO IN CER	'ES, WERI TIFYING (YES []	AUSES	OF DEATI	H?
)	OD COLUMNIA TO LO	CAUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATU	RE OF INJURY IN ITEM ?	8 PART I OR	PART ?}		
	(IF EITHER NOTIFY MEE 21d INJURY OCCUI WHILE NOT W AT WORK AT W	HILE	21e PLACE C (AT HOME SIRE	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET		CITY OR FOWN	co	UNTY	ST	ATE

and that in (my) (our) apinian death accurred on the date and hour and from the causes stated

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

ABRAHAMI DAB ELA 4404

22c. DATE SIGNED

23e. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

236 DATE 6/17/85 23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION CITY OR TOWN COUNTY STATE

24 FUNERAL DIRECTOR

Anatomy Board

ADDRES5 Balto., Md.

JUN 1 9 1935

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumotic

alonger with the Miles of Miles

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1	7	9	9	1

							REG.				
	CEASED NAME	FIRST		MIDDLE	Ł.	AST	2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
(TYPE	E OR PRINT)	Lou	ise	E.	Nel	son		6	5	85	6:50A
3. SE.	x		4. RACE		S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)		DER 1 YEAR	IF UNDER 24 HR
F	emale	18:30	White	-L.H.	Sep	t. 26,1930		4 YRS			HOURS MIN
	IRTHPLACE (STATE OF COUNTRY)	FOREIGN 7	U.S.	WHAT COUNTRY A.	? 8 MARRIE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY	OR COUN			
	ITY OR TOWN OF DE rentwood		11. NAME OF	HOSPITAL, NURS	ING HOME C	treet	120 USUAL OCCUPACITY OF WORK FOR MOSE CI	ATION STOF WORKING erk	S LIFE) 12	b. KIND C DUSTRY Drug	F BUSINESS C
	AL RESIDENCE (IF NUE STATE Md.	136 COUNT	TY	136. CITY OR TO Brentw	WN	13d. INSIDE CITY LIMITS?	3507 -		VC .	2072 Stre	
	ATHER'S NAME Stanl	ey	R.	McCar		15. MOTHER'S MAIDEN NAME Gertrud	e T.		E	ckar	
	WAS DECEASED EVER		MED FORCES?	579-38		Gertrude		del1		sam	le as
		IMMEDIATE			t can						
NOI	Conditions, if ony gove rise to im couse (a), stati underlying cous	y, which inmediate ing the e lost.	DUE TO, O (b) DUE TO, O	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CC) NOITIDNO	GIVEN IN	N PART 10	0'
TIFICATION	gove rise to im couse (a), stati underlying cous	y, which imediate ing the e lost.	DUE TO, O (b) DUE TO, O (c) ONDITIONS C	OR AS A CONSEQUE	UENCE OF UENCE OF DEATH BUT	NOT RELATED TO THE TERM , N WAS PERFORMED	INAL DISEASE OR CO	20b. IF Y	YES, WE	RE FINDI	NGS USED OF DEATH?
ICAL CERTIFICATION	gove rise to im couse (a), stati underlying cous PART 2. OTHER SIG	y, which imediate ing the e lost. SNIFICANT CO ATION DERLYING CAUSE OF DEAT DICALEXAMINER)	DUE TO, O (b) DUE TO, O (c) ONDITIONS C 19b. COND 21b. TIME C HOUR A	ONTRIBUTING TO UENCE OF DEATH BUT H OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	YES, WE TIFYING YES [RE FINDII CAUSES	NGS USED OF DEATH?	
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	gove rise to im couse (o), stoti underlying cous PART 2. OTHER SIG	y, which imediate ing the e lost. ATION AT	DUE TO, O (b) DUE TO, O (c) ONDITIONS C 19b. COND 19b. COND 21b. TIME C HOUR A	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO	UENCE OF DEATH BUT H OPERATION DAY YEAR	N WAS PERFORMED 21c. HOW INJURY OCCURE	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF Y IN CER	YES, WE TIFYING YES D B PARTIC	RE FINDING CAUSES	NGS USED OF DEATH? NO STATE
	gove rise to im couse (a), stati underlying cous PART 2. OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d, INJURY OCCUP THE COUNTY OF THE	y, which immediate ing the e lost. ATION ATION ATION ATION CAUSE OF DEAT CRED CAUSE OF DEAT CRED COLOR OF DEAT COLOR	DUE TO, O (b) DUE TO, O (c) ONDITIONS C 196. COND 196. COND 116. TIME C HOUR A 117. PLACE 117. DOWN 118. DOWN 118. PLACE 118. DOWN 118. PLACE 118. DOWN 1	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO	UENCE OF DEATH BUT H OPERATION DAY YEAR	N WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION 21f. LOCAT	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR IN	20b. IF Y IN CER NURY IN ITEM I	YES, WE TIFYING YES D B PARTIC	RE FINDING CAUSES OUNTY from the	NGS USED OF DEATH? NO STATE
	gove rise to im couse (o), stoti underlying cous PART 2. OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d, INJURY OCCUR	y, which immediate ing the e lost. ATION ATION ATION ATION CAUSE OF DEAT CRED CAUSE OF DEAT CRED COLOR OF DEAT COLOR	DUE TO, O (b) DUE TO, O (c) ONDITIONS C 19b. COND 19b. COND HOUR A 21b. TIME C HOUR A 21b. PLACE ALL PLACE	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO	UENCE OF DEATH BUT H OPERATION DAY YEAR	216. HOW INJURY OCCURE 216 HOW INJURY OCCURE 217 LOCATION and that in (my) (our) opinion of the company of t	200 AUTOPSY? YES NO RED (ENTER NATURE OF III CITY OR deoth occurred on the	20b. IF Y IN CER	YES, WE TIFYING YES B PARTIC C 19 our and	RE FINDING CAUSES OR PART 2) OUNTY from the 222. DATE	NGS USED OF DEATH? NO STATE that (I) (we) II couses stated SIGNED

etoined by the hospital or

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove corporations with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR
Nalley's F.H.Inc. Mt. Rainier, Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

and the first two makes at a further the first of the fir

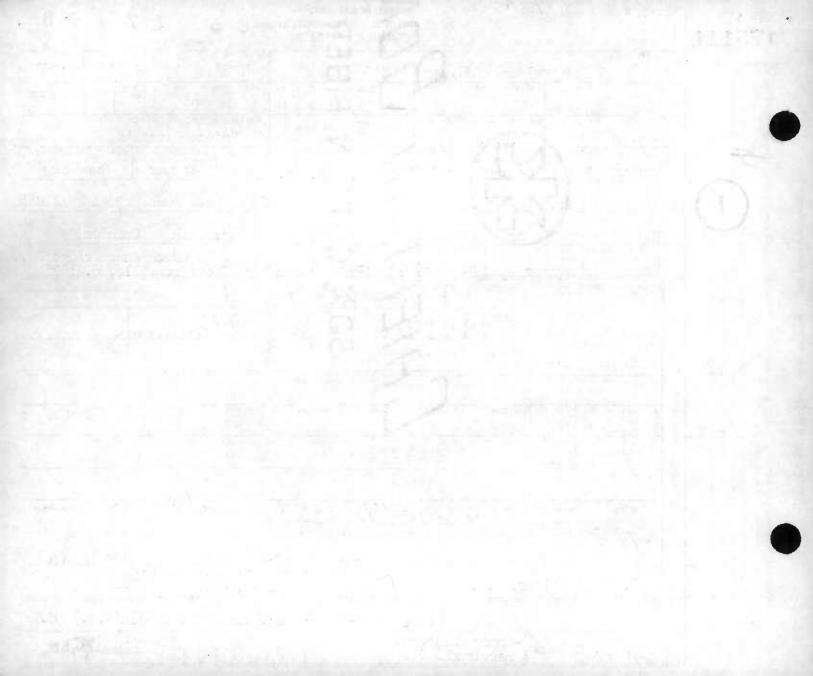
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The selection of the se

Michael Mar Harris Con Contract

STATE OF MARYLAND

Item # 5 G 604 6/25/85 cw



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	ATE OF DE	ATH	REC	S. NO.				
1. DECEASED NAME	FIRST		WIDDLE OTCO	nnor			20. DATE OF DEAT	Н момтн	DAY Y	EAR	26 HOUR	{
(TIPE OR PRINT)	Mary	Mary (May) E. OCON						June 17, 1985			5:45	p »
3. SEX		4 RACE		5. DATE OF	BIRTH		6. AGE IN YEARS LA	ST BIRTHDAY)	IF UNDER		IF UNDER 2	4 HRS
Female		Cauca	sian	May	16 18	96ª	89	YRS		DAYS	HOURS	MIN.
Wash., DC	OR FOREIGN	The CITIZEN OF WHAT COUNTRY?			NEVER MA	ARRIED ARCED	Prince			TH	. //	ME
CITY OR TOWN OF DEATH		(IF NOT IN SU	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET A HOSPITA	ADDRESS)			120 USUAL OCCU				F BUSINES Govt	
130. STATE Md.	IRSING HOUDEN	OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE	ADMISSION)	3d INSIDE CITY	Y LIMITS?	13. STREET ADDRE	ess / zip coi	ood F	ld.	209	01

I. FATHER'S NAME Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

O'Connor

15. MOTHER'S MAIDEN NAME FIRST (Unknown)

166 SOCIAL SECURITY NO. 17 INFORMANT 577-54-2447 Gregory A. O'Connor- above address

PART I. DEATH WAS CAUSE	TE CAUSE (a) Kespivalory arrest	BETWEEN ONSET AND DEA
Canditians, if any, which gave rise to immediate couse (a), stoting the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	zed

190 DATE OF OPERATION

CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTO		IN CERTIFYING CAUSES OF DEAT		
		YES 🗌	NOXX	YES	NO [
b. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTERNA	THRE OF INJUR	Y IN ITEM IS PART LORPART	21	

CERTIFICATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE 22a.1 certify that (1) (this hospital) ottended

HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

211 LOCATION

CITY OF TOWN COUNTY

and that in (my) (our) opinion deoth accurred an the date and hour and fram the causes stated

sow the deceosed alive an above, (1) (we)+did) (did nat) view the

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

STATE

Laxmi Berwa, M.D.

23c NAME OF CEMETERY OR CREMATORY

10658 Campus Way So., Largo, Md. 20772

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial BP.

IMPORTANT

Mt. Olivet Cemetery 6/20/1985

Wash., D.C. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

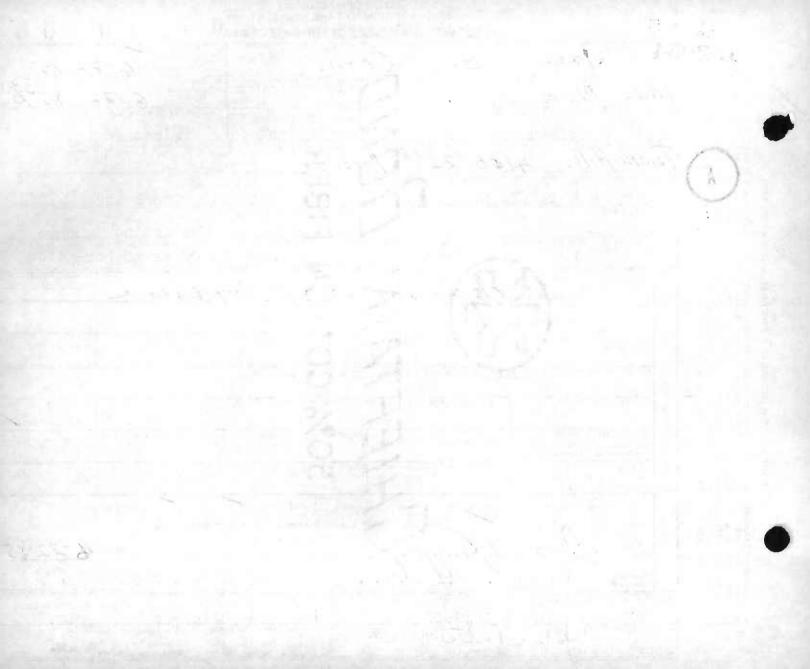
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Nalley's F.H. ADDRESS Mt. Rainier, Md.

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The state of the s

STATE OF MARYLAND



DHMH - 16 60M 7/84

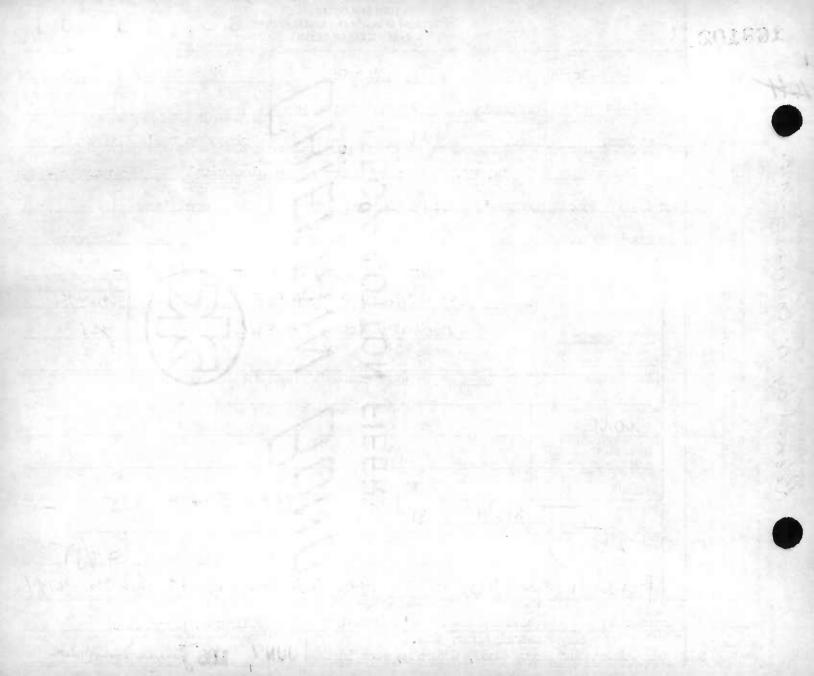
24 FUNERAL DIRECTOR Lee Funeral Home, Inc. (VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

Clinton,

frena Davidson Randale

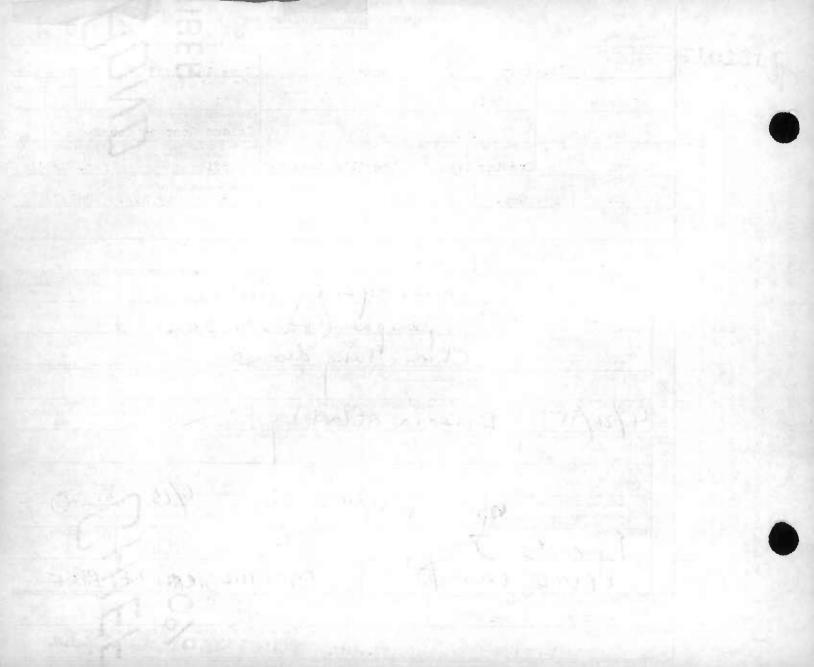
Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 1. DECEASED NAME DAY YEAR 2b. HOUR TYPE OF PRINTS Patricia Parks June 15 1985 5 - 30 A 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOURS MIN. White Female 12 24 32 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Prince Georges County New York U.S. WIDOWED DIVORCED T ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Greater Laurel Beltsville Hospital Laurel Office Fed. Gov't USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md. Pr. Geo. Laurel 46 Midway Ave. 20707 YES [NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Unkn. 069-24-9103 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: archivesi IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO. OR AS A CONSEQUENCE O underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [210. ACLIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE 220.1 certify that (I) (this hospital) attended saw the deceased alive an. (my (aur) apinian death accurred on the date and haur and from the causes stated d that abave, (I) (we) (did) (did nat) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE Removal 6/25/85 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 NAME ADDRES (VRA 15, 4) Balto., Md. Anatomy Board

STATE OF MARYLAND



(VRA 15, 4)

144078| Item 18c 10/17/85 dad DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH DECEASED NAME 26 HOUR ALMIROL TYPE OR PRINTS PARONG. SR. ROBERTO 05-20-85 30AN 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S Socia Los Coupation 12b. KIND OF BUSINESS OR INDUSTRY Administrative H.S. GOY't 13e.STREET ADDRESS / ZIP CODE 5718 64th Avenue 20737 Almirol Robert Parong, Same as Line #13 BUT NOT RELATED TO THE FERMINAL DISEASE OF CONDITION GIVEN IN FART THE Muales 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART) OR PART 2) CITY OR TOWN COUNTY STATE 19 25, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN (5632 Annapolis Road - Bladensburg, Maryland Arlengton Nat'l Cem. Arlington, Arlington, Va. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE LAW. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Gasch's Sons F. H. P. A. Hyattsville, Maryland

STATE OF MARYLAND

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THE SALE AVENUA STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

REG. NO.

X		ORPRINT) GERTRUD	E THERESA	PA:	TTEN	6-1-85	7 45	3		
9	3. SEX	F.	(Aucasian	S. DATE O	F BIRTH - 24-24	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	4.		
10	79. BII	ASHINGTON, DC.	7b. CITIZEN OF WHAT COUNTR U.S. A	WIDOWEI	DIVORCED D	11/11	neorges Co. ,	AD.		
	10,C1	3	11. NAME OF HOSPITAL, NUR PROPOSE HEACHT GIVE STI		KOAD.	124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF VOR	IZE KIND OF BUSINESS OF INDUSTRY RESTURDANT	IR _		
9	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 0. 13b FOUN HNA	TY / 13t. CITY OR TO		YES NO	130.STREET ADDRESS / ZIP	AVE. 20764			
12	IA FA	JAMES RO	BERT DARAS	5	15. MOTHER'S MAIDEN NAM	MIDDLE	Thomas			
Commedica.		VAS DECEASED EVER IN U.S. ARI YES, NO GRUNKNOWN) (IF YES, GIV	wed Forces? E war or dates) 16b. Social Si 5778-3	4-0172	Cotherine Rich	alson LN				
event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (o), (b), D BY: E CAUSE (o) RAC	ond (c).)	ven (META	snone)	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH	н		
other traumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE		into Concint	mo				
njury, or a	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
No oux	TIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO				
em 18 sh	CAL CERTIFI	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)			
rked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
21 is mo		22a I certify that (1) (2his hospi saw the deceased alive on above, (1) (we) (did) (fid no	M. 0	83		eath occurred on the date or	nd hour and Irom the couses stated	ost		
IT: If Item		22b. SIGNATURE	Rag			MEDICAL STAFF DIRECTOR PHYSICIAN				
MPORTANT: If Ite		22d. PHYSICIAN'S NAME (TYPE O			7500 IJANEY	SUD HANDER PRWY - GREENSELT MO 20770				
≤	23a. E	BURIAL, CREMATION, REMOVAL		Woodfie	EMETERY OR CREMATORY	23d. LOCATION CITYORTOWN Galesville	COUNTY STATE			
4 (0.0	24 FI	UNERAL DIRECTOR			25a. DATE	RECO. BY RECUSTOR 256. R	EGISTRABISTAKONATUREN			

DHMH - 16 50M 4/B3

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then please remove carbon pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

BP.

ADDRESS Hardesty FH, Galesville, Md, 20765

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TO SEAL OF THE METERS ARE ASSESSED. THE RESERVE OF THE PROPERTY OF

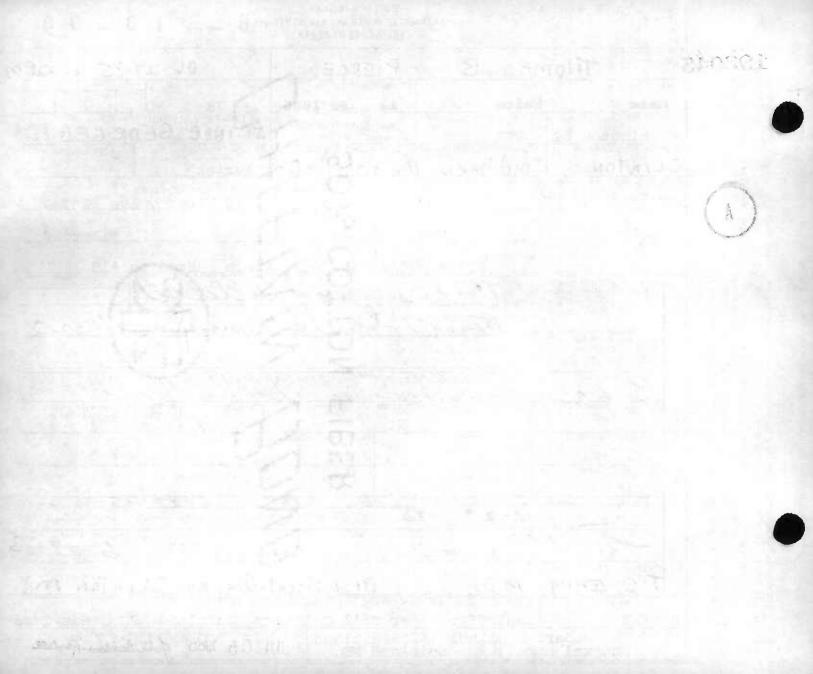
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rdepth		CEASED NAME FIRST OR PRINT) Maria	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
		Mar Ta			icone		17,1985	6:00 ª
	3. SE:	X	4 RACE	5. DATE (0.14 45.0	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS MIN.
	-	male	White		28, 1903	82	YRS	
(311)	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		ATH
8	-	taly	Vnited States	WIDOWI		Prince Ge		MD
70		rt Washington	II. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Fort Washington	T ADDRESS)		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Self Emplo	E WORKING LIFE) INDI	kind of Business or ustry House
19/1	USU/ 13a. S	AL RESIDENCE (IF NURSING HOUR STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNTY 136. CITY OR TO Washingt	WN	13d. INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS / 656 E. Car	ZIP CODE St 1	NE 20003
/ Comming	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME		LAST
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medico		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SEC 578-464		Charlie Span	inato Fall	Seminary :	#2102 8 VA 22041
e de		18 CAUSE OF DEATH (Enter	only one cause per line far (a), (b), o	ind (c			BF	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ewor		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) <u>Acute</u> M	vocard	lial infarctio	n.		
or re			DUE TO, OR AS A CONSEO					
muo.		Conditions, if any, which	(b) Coronar	y arte	ery disease			
other tr		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO					
Jury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN P	ART Ita
un Audomo	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	FINDINGS USED EAUSES OF DEATH? NO
5	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU-	RY IN ITEM 18 PART I OR	PART 2)
7	NA NA	OR CONTRIBUTING CAUSE OF E	A STORY	19				
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn cou	UNITY STATE
a E			pital) attended the deceased fram	May	2 19.85	to June I	6 1985	that (1) (we) last
21 is				0 = 4	nd that in (my) (aur) apinian	death accurred an the do	ate and have ond fro	
tem		The StoreATURE	not) view the body after death		DEGREE	10000	220	DATE SIGNED
= /		tun	un 10	Luis	ATTENDING PHYSICIAN	MEDICAL STAF	IAN D	3/17/85-
Z/		174 PHYSICALY S NAME ITH	OR PRINTS		22e ADDRESS	Since you all this is		1
IMPORTANT		Armando Figu	eroa, M. D.		401 M Stree	et, S. W., W	Vashingtor	a, DC
3		BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF	EMETERY OR CREMATORY	23d LOCATION		IY STATE
_	E	urial			on National		r, Virgin	ia
M 7/84	24 F	NERAL DIRECTOR J. WI	lliam Lee's Sons	6 Comp	any 250. DAT	E REC'D. BY REGISTRAP	ASB. REGISTRARY	Habelle Handell
18-318	130	00 4th St NE Wa	shington, DC 200	002		TITL O 190	11	

CTATE OF MARYLAND

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STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

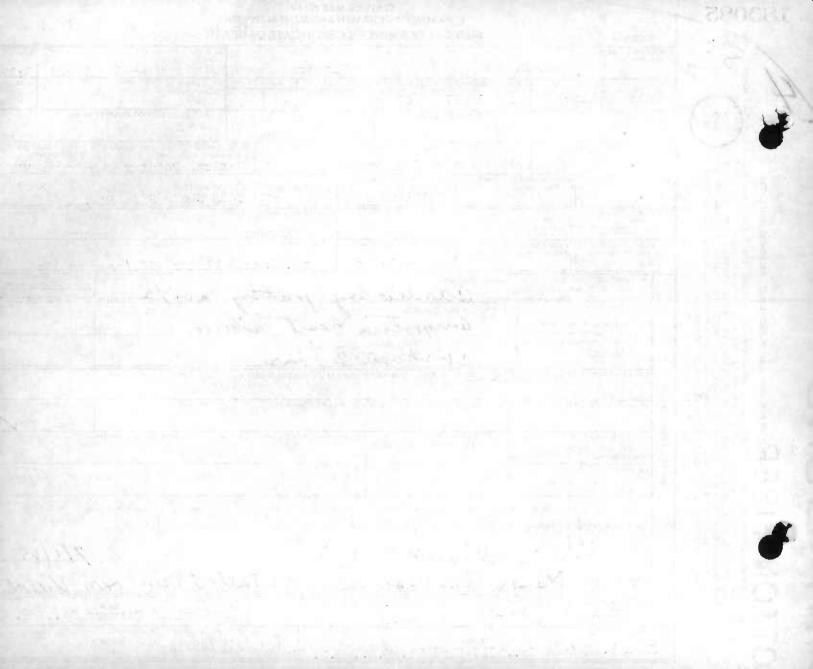
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		THELM			TTMAN			UDER 1 YEAR	# UNDER 24 HR
	3. SEX		4. RACE	5. DATE	OF BIRTH ITH DAY YEAR	6. AGE ITN YEARS LAST BIR	MONT		HOURS MI
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1		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8.	IED X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
		ENGLAND	USA	WIDOV		Prince (George 1	s	,
7	16 CF	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ON I	2b. KIND OF	F BUSINESS
8		/	MALCOLM GRO		FD CTR	HOUSEWLE	10	Own H	lome
20		L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDE	ENCE BEFORE ADMISSION	4)				
50	13a. S	IV.		ortown rans Rd.	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		Ct./2	0616
1	14. FA	THER'S NAME	KLES I DPY	ans ko.	15. MOTHER'S MAIDEN NA		VI WCC (160/4	0010
4/)	Unavailab	WIDDLE	LAST	FIRST	MIDDLE		LAST	
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		ES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)		nus	sband)+ D~	red 5	pruce
7		No -	551	-42-807	8 Denald E.	Pittman	Ct., Br		MATE INTERVAL
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU		iratory a	rrest				ac
		IMMED	IATE CAUSE (o)			·			
			DUE TO, OR AS A CO	ONSEQUENCE OF			<u> </u>		
		Conditions, if ony, which gove rise to immediate	(b)						
		couse (o), stating the	DUE TO, OR AS A CO	ONSEQUENCE OF					
		underlying couse last.	(c)					11	
		PART 2 OTHER SIGNIFICAN	t conditions <u>contribut</u>	TING TO DEATH BE	IT NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN I	N PART IIo	
	7								
	NO.								
0	CATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI		IGS USED
9	TIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY?		G CAUSES	IGS USED
1	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	,	21c HOW INJURY OCCUR	YES NO	IN CERTIFYING	G CAUSES	IGS USED OF DEATH?
9			21b. TIME OF INJURY HOUR A.M. MOI	,	2 to HOW INJURY OCCUR	YES NO	IN CERTIFYING	G CAUSES	IGS USED OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PŁACE OF INJUR	NTH DAY YEA	R 211. LOCATION	YES NO	IN CERTIFYING YES RY IN ITEM 18 PART I	G CAUSES (IGS USED OF DEATH? NO
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9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CAUSE OF T	DEATH HOUR A.M. MOI P.M. 21b. TIME OF INJURY HOUR A.M. MOI P.M. 21c. PLACE OF INJUR (AT HOME, STREET FACTOR	NTH DAY YEA 19 RY RY, OFFICE FARM, ETC)	R 211 LOCATION STREET	YES NO	IN CERTIFYING YES RY IN ITEM 18 PART I	G CAUSES () OR PART 2) COUNTY	OGS USED OF DEATH? NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK ALWORK 22a.1 certify that (1) (this ha	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PLACE OF INJUR (ATHOME, STREET FACTOR	NTH DAY YEA 15 RY, OFFICE FARM, ETC.) ed from	R 211. LOCATION	YES NO	IN CERTIFYING YES	G CAUSES () OR PART 2) COUNTY	OF DEATH? NO STATE
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		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHITE NOTIFY MEDICALE XAMI ALL WORK 22a. i certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (178)	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PLACE OF INJUR (ATHOME, STREET, FACTOR on not) view the body ofter deo Converse of PRINT)	NTH DAY YEA 15 RY RY, OFFICE FARM, ETC.) ed from 19	211 LOCATION 211 LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF ENJU	IN CERTIFYING YES	G CAUSES () OR PART 2) COUNTY d from the c 22c. DATE S	STATE
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHITE NOTIFY MEDICALE XAMI ALL WORK 22a. i certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (178)	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PLACE OF INJUR (ATHOME, STREET, FACTOR on not) view the body ofter dea	NTH DAY YEA 15 RY RY, OFFICE FARM, ETC.) ed from 19	211 LOCATION 211 LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	YES NO CITY OR TO CITY OR TO CITY OR TO Death occurred on the did DIRECTOR PHYSICOW USAF MEDICAL	IN CERTIFYING YES RY IN ITEM 18 PART I WN 19 ote and hour and FF IAN CTR (N	G CAUSES () ORPART 2) COUNTY COUNTY 22. DATE S 22. DATE S	STATE
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189085 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 0 0 8
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. PECEASED NAME FIRST MIDDLE LAST 28. DATE KNOWN	MONTH DAY YEAR 26. HOUR
Melvin Plater OF ESTI- DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	6 27 1985 5:32 MONTH DAY YEAR 24 HOUR
Male Black 8 1 17 67 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	19 M
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 176. CITIZEN OF WHAT COUNTRY? USA 8. MARRIED IN NEVER MARRIED WIDOWCED DIVORCED	MD
Md. 10. CITY OR TOWN OF DEATH Md. 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (FYDE OF MOST OF WORKING LIFE) 2408 Shady Side Avenue 120. USUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE) Retired Painte	OR INDUSTRY
USUAL RESIDENCE (IF IN NURSING HOME ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN Suitland 136. INSIDE (ITY LIMITS? YESX NO 2408 Shady Sid	le Ave.
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE FIRST MI	LAST
ELITIEST PLATER 1661. WAS DECEASED EVER IN U.S. ARMED FORCES? 1665. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1	Parker
Yes 220-05-4582 Mrs. Mattie Plater/wife	/same as 13e
Canditions, if any, which gave rise to immediate couse (a) stoting the underlying cause last. DUE TO, OR AS A SONSEQUENCE OF Jung cause last. (c) Live Notice of Condition Given in Part 1 (a). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OPERASE OR CONDITION GIVEN IN PART 1 (a).	
190. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 218. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PAR	20 AUTOPSY? YES □ NO □
ON CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
death resulted from Natural causes Accident Suicide, Homicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT) MEDICAL EXAMINER M.D. DADDRESS 5 2 Talbest Deve	DATE SIGNED 7/1/85
236. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY 23d. LOCATION CITY OF CONTONN 23d. LOCATION CITY O	alvert Co., Md.
24. FUNERAL DIRECTOR 1250. DATE REC'D. BY REGISTRAR 1250. REGIST	RAR'S SIGNATURE



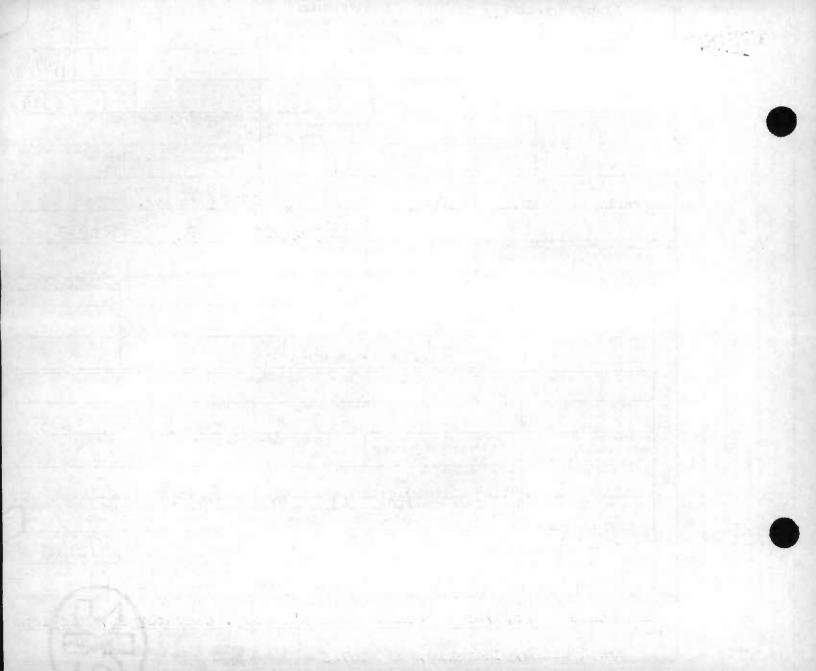
0	1-	FOR • STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND IEALTH AND MENTA ICATE OF DEATH		0 0	1 8	0 0	9
3		CEASED NAME	FIRST		MIDDLE	1	LAST	2	REG. No.		YEAR 2	h HOUR
	(TYPE	OR PRINT)	Chri	.8	P.		Poulos		Jı	ne 24	1985	7:45
	3. SE	Male	4	Cauca	sian	5. DATE (b.15, 186		AGE (IN YEARS LAST BIR	(HDAY) IF UI		HOURS MIN.
7	7a BI	RTHPLACE (STATE OR F	oreign 71	Greece Suppose Citizen of what country? Su			ED 📙	Pr. GoD.				
10		Tyattsvil				IRSING HOME O	OR OTHER INSTITUTION		Prof wark for most		26. KIND OF NDUSTRY AMD LE	BUSINESS OR
Ě	13a. S	AL RESIDENCE (IF NURS	13b COUNT	Υ	13c CITY OR		134 INSIDECITY LIM	AITS?	STREET ADDRESS	ZIP CODE 11150n	St.	20712
E	14. FA	THER'S NAME	7	Simak	opoul	053	15 MOTHER'S MAID		G. MIDDLE		adopo	ulbun
1		160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 11901-									rse R	ocking d.,
0	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERAT	ediate g the lost	DUE TO, OI	PAS A CONS CET	EOUENCE OF	MS CULAR A NOT RELATED TO TH			DITION GIVEN I	ERE FINDING	
1	RTIF	- 1.1.							YES NO	YES [NO 🗌
7	MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEATH	P.i	M. MONTH M.	DAY YEAR		DCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
	MED	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE	155	EET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		27a. I certify that (I) saw the decease above, (I) (we) (d 27b. SIGNATURE	ed alive on_ lid) (did not)	view the body	0 ~	19 01 . , 01		DING	MEDICAL STAI			
		lforcy L		lung)			34C5 Ha	Emels	ion st- hs W	golders	ie 020	20782
	(BURIAL, CREMATION, I		6/27/	1985		emetery or creman Heights		23d LOCATION CITY OF TOWN Uniont	own Faj	ette	Penna.
4	24 FL	JNERAL DIRECTOR	Nalle	y's F Inc.	·H. ADDR	ess Mt I	Rainier,	JUN	EZ 6 1985	MA REGISTRAP	POR PARTY	n i

DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



STATE OF MARYLAND

	FOR - STATE REGISTRAR ECEASED NAME FIRST	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	8 0 1 1				
(1)	PE OR PRINT) Doro	thy Anne	PRITCHARD	June 27, 1985	9:22 P				
3. 5		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS				
47	Female	White	June 25, 1909	76 YRS	MONTHS DATS MOURS MIN				
	BIRTHWEITSINIA GO COUNTRY redericksburg	76 CITIZEN OF WHAT COUNTRY?		Prince George					
2	Lanham	Doctors Hospit	al of Pr. Geo. Co.	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OF HOME				
US 130	UAL RESIDENCE (IF NURSING HOME). STATE Va. Urai	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d INSIDE CITY LIMITS?	Rt. 2 Box 35					
Я.	ohn Thomas	Flippo LAST	15 MOTHER'S MAIDEN N. FIRST Mary Vi	ame rginia Thom	LAST				
160	WAS DECEASED EVER IN U.S. A		JRITY NO. 17 INFORMANT	ADDRESS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE DICEMBELLOS ENCE PLOS BEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART I to				
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO					
MEDICAL CER	21a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)				
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET) FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE				
	22a L certify that (I) (this hasplated the deceased from ARCH 5, 19 85, 10 10 11 19 11 19 19 19 19 19 19 19 19 19 19								
_	Benjamin S.	Pecson, M.D.	22e ADDRESS	ilver Hill Road,	Maryland 200 District Heigh				
230	BURIAL, CREMATION, REMOVAL (SPECIFY)	7-2-85	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Orange. Vi	county state				
84	longed Lee Lu	- 40ME 250 MA	11N : ST 250. DA	TE REC'D. BY REGISTRAR 256. REGIST					

Virginia "hige tune", 109 76 anol elhearo Vo. Crimina Linux S. J. 2 No. 75 Sept 32 Sept 3 opp share clima to the description was a second of the sec 93875 .Antenda , anns co - - - -The present and the street of Designation of the state of the

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE; -- STATE 175077 REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 12 25 02 60 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TEVER MARRIED Maryland USA Prince Georges D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Housewife Clinton USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION 12405 N. Key Road 13b COUNTY 13c. CITY OR JOWN 13d. INSIDE CITY LIMITS? Brandywine 20613 PG Marvland YES X NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Proctor Cora John Proctor 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS LYES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES NO 579-38-1724 Norbert A Proctor same as 18 CAUSE OF DEATH (Enter only one cause per the fag (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY menotice Vardes vas culos IMMEDIATE CAUSE TO TO OR AS A NEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? JAR. WITING.

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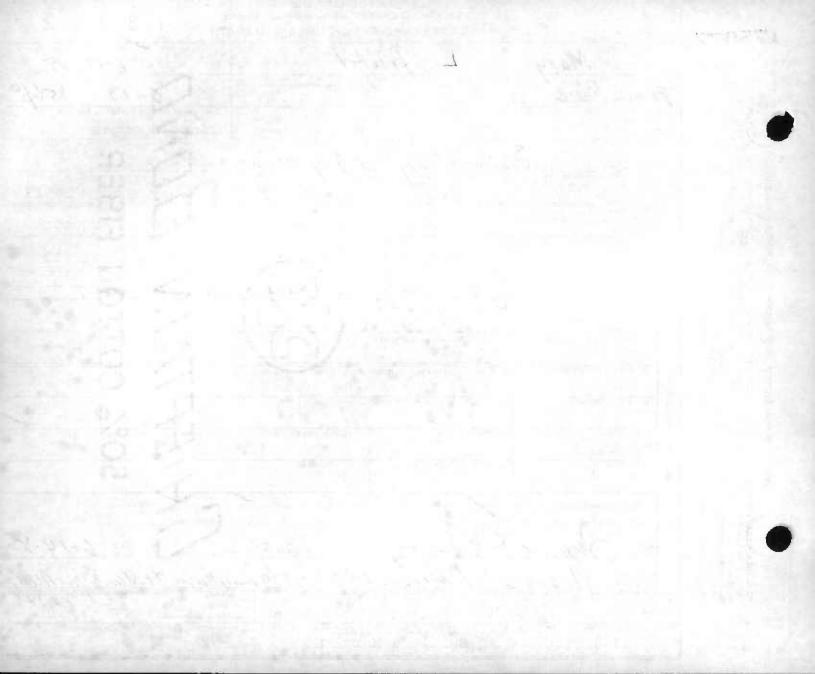
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TO B DIVISION OF VITAL NO E 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 11. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY STATE 220. I certify that I took charge of the remain described above, held an Autopsy Inspection death resulted fram Natural causes Hamicide Undetermined manner EXAMINER'S NAM (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE Burial MD. Veterans Cemetery Cheltenham 6/17/85 PG 07/84 74 FUNERAL DIRECTOROBERT E Wilhelm FuneralHome
NAME 4308 suitland RocessSuitland Maryland 25M 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

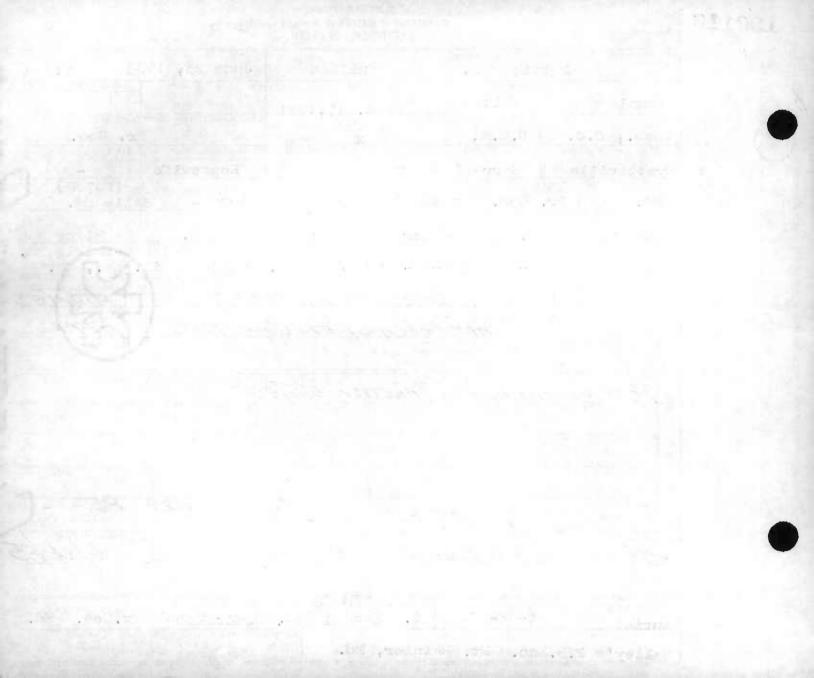
STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Nalley's F.H.Inc. Mt. Rainier, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



ot oth		OR PRINT)	LOUIS	E	C.		RABIL	т.	UNE 25	,1985	10 50A
may be poge 3 ter death	3. SEX			RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS
C softe		FEMALE		Whit	e	Jul		72	YRS	MUNTHS DAYS	HOURS MIN.
Page dire		THPLACE (STATE OR FO	REIGN 71		WHAT COUN	ITRY? 8	NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH	
nerol n 72		sh.D.C.		US	SA	WIDOWE		Prince	Geor	ge	MD.
p 24 p	10 CIT	Y OR TOWN OF DEAT	'H 1		HOSPITAL, NI		R OTHER INSTITUTION	12a. USUAL OCCUPA			F BUSINESS OR
Tie XI	120	andover		Prince	George	es Gener	al Hospital	Clerica	1		inger
學是	USUA 13a SI M	L RESIDENCE (IF NURSIN	ISE COUNT PG	THER INSTITUTION Y	13c CITY OR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5805 4	zip cod 2ndAv	enue	904
etely 12 sh	14. FA1	THER'S NAME	MI	DDLE	LAS	т	15 MOTHER'S MAIDEN NA	ME		ŁA5	at the state of th
and and	I	van			Utter		Elsie			Vie	t
ge ge		AS DECEASED EVER IN NO OR UNKNOWN) None		ED FORCES?	1	SECURITY NO.		05 Raimb			0004
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hysici papel payol. nt, th	53	18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED	one couse pe BY:	r lipe for (a), (by and ici.	0,0	1	. , -	BETWEEN	ONSET AND DEATH
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e cor nn. or moti		Consider of		DUE TO, C	R AS A GONS	SEQUENCE OF	-cilia			2	urs.
move natio		Conditions, if any, gave rise to imme	ediote	(p)_	1 Ch	sour v	anne	1	1		7
se re crer other	3	couse (a), stating underlying cause	last.	DUE TO, C	RASA CON	SEQUENCE OF	entir Bud	in rangell	L. D	2/00/ /	Ours,
pleo uriol,	3	PART 2. OTHER SIGNI	IFICANT CO	ONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOUR ALED TO THE TERM	AINAL DISEASE OR CO	NDITION GI	VEN IN PART 10	a
Then Then to b	NO.		12	iable	teo.	me	llitus				
Prio prio	CERTIFICATION	190 DATE OF OPERAL	ION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?		S, WERE FINDIN	
has has	TIFI	4/17/	85	Du	rbetu	2 your	mene loes	YES NO		ES 🗌	NO 🗌
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certification in the management	CAL	(IF EITHER, NOTIFY MEDICA		Р	.M.	19					
this he bund M	MEDICAL	21d INJURY OCCURRE			OF INJURY REET, FACTORY, O	FFICE FARM, ETC.)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
After os ti Itha Iorke		AT WORK AT WORK	,				- 10 92	7 6 -	25	024	
CR: /		220.1 certify that (1) (and the same of	Contraction Contraction	nd that in (my) (euc) apinian	, 10		19_d 7	that (1) (we) last
ECTC ed fo		saw the deceased abave, (I) (we) (di 27b. SIGNATURE	d) (did nat)	view the body	ofter death.	,	EGREE		date and no	22c. DATE	
DIR Dep		WY	ny	4/4	Alp	wh	& ATTENDING	MEDICAL ST	AFF	(1)	25/85
FUNERAL bid be det to the State		27d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	0/10	100 K	22e ADDRESS	DIRECTOR PHYS	SICIAN	10/0	23/00
retained by to FUNERAL should be det with the State IMPORTANT:		Wi	lliam	A. Ho	1brook			cal Terr.,	Cheve	rly, Md	•
	23a. Bl	urial, cremation, r Burial	REMOVAL	23b. DATE	/O.F.		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Suitl	- 10 2	COUNTY PG	Md. STATE
P	_	NERAL DIRECTOR		6/28,	7 8 3	Ceda	r Hill	TE REC'D. BY REGISTRA			
MH - 16 60M 7/B4			-14:	1180	NOT-T	RESS Tamp A	ve.S.S.Md			Davidson	_
(VRA 15, 4)	I I	TIICS \ VTII	alul	TTOOL	OTICM	Trans. W	AC. D. D. тист	IN A X TUXL	12.100	INNIN I MOOD AND	- India

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG. NO.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

		FOR
1	-	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN **CERTIFICATE OF DEATH**

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. 171		-081	

1	1. DECEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH MONTH DAY	YEAR 26 HOUR					
ł	(TYPE OR PRINT)	LIM	RAYMUNDO	JUNE 5	1985 10:48am					
1	3. SEX 4	RACE	5. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS					
1	Female 1	Philippino	July 24, 1911	73 YRS.	VIHS DAYS HOURS MIN.					
ħ	7a BIRTHPLACE STATE OF FOREIGN 71	LOUNTRY?	18	9 BALTIMORE CITY OF COUNTY O	FDEATH					
4	Philippines	Philippines	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George's	County MD.					
4		1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR					
1	LANHAM	DOCTORS HOSP	homemaker	INDUSTRY						
3	USUAL RESIDENCE (IF NURS) IN IMPEROR OF 130. STATE Maryland	13e STREET ADDRESS / ZIP CODE 2309 Belair Driv	e 20715							
7	1. FATHER'S NAME	Georges Bowie	YES NO 15 MOTHER'S MAIDEN N		20(1)					
Λ		H. Lim	FIRST	middle Sefa	Candelaria					
+	160 WAS DECEASED EVER IN U.S. ARM			ADDRESS	Canderar ra					
I		213-98-1	4939 Rosario R.	Brown same as	1 3e					
ı	18 CAUSE OF DEATH (Enter only	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (b)								
1	PART I. DEATH WAS CAUSED IMMEDIATE									
1	DUE TO, OR AS A CONSEQUENCE OF .									
1	Conditions, if any, which		UKOL BAUSI	ou.						
1	gave rise to immediate cause (a), stating the									
1	underlying cause last.	underlying cause lost. Due to, or as a consequence of Misk.								
1	PART 2. OTHER SIGNIFICANT CO	IN PART Tro								
d	- E									
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?					
4	at the			YES NO YES NO						
		21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)					
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
ı	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	PARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
1	WHILE NOT WHILE									
ı	22a.1 certify that (1) (this hospital	1 16 1	5 5 8 19 8) to 6/5/ 19	, that (I) (weet last					
1	saw the deceased alive an abave, (1) (we) (did) (did not)	view the bady after death.	and that in (my) (and apinia	in death accurred on the date and hour a	nd fram the causes stated					
1	77h SGNATURE	2 43	DEGREE	MEDICAL STAFF	22c. DATE SIGNED					
8	gar V Cler	Jolet.		DIRECTOR PHYSICIAN	6/5/83					
П	COMMAND 10	CHAMPALOL	22e. ADDRESS	a b / K	Bowie Muso					
4	GENTROP		114)00 0020		our c va -					
1	23a BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	CITY OF TOWN	OUNTY STATE					
1	Burial	June 10 1985 F	t. Lincoln Cemeter	ry Brentwood, Mar	ryland					
	24 FUNERAL DIRECTOR NAME	16000 A	Annapolis Road 130 D	ATE REC'D. BY REGISTRAR 256 REGISTRA	K'S SIGNATURE					
Į	Beall Funeral Home	e Bowie,	Maryland	2.27/36/2300	ri-Nande -					

DHMH - 16 60M 7/84 (VRA 15, 4)

Berlouthitan contesting ald . E contratt AND THE PROPERTY OF THE PROPER

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1710	9'7	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYGI	ENE 8 5	10.	8	0	16
ge 3	14		CEASED NAME FIRST ELLI	M. M.	Į.	REED		JUNE 13		13	YEAR 1985	26 HOUR
ctor. pog	1	3. SE.	Female	4 RACE White	S. DATE C	DAY	1882	6 AGE LIN YEARS LAST BI	RTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HRS
denth Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ireland		Treland	7b. CITIZEN OF WHAT COUNTRY? USA	WIDOWE				e Geo	eorges M		
the the	X	Sea	ty or town of death brook	11. NAME OF HOSPITAL, NURSIN 9789 GOOD Luck	Road	Apt. 4		120 USUAL OCCUPAT TYPE OF WORK FOR MOST Home mak			b. KIND OI IDUSTRY	F BUSINESS OR
R	36			nce Georges Seab	Georges Seabrook 13d Ins Peorges Seabrook 12d Ins			9789 GOOD	Luck	Road	d	20706
(J)	60	14 FA	John John	McDowell		ary	Jane			Moor	ie .	
H gold co	/wedso		VAS DECEASED EVER IN U.S. AI YES NO OR NY AWN)	RMED FORCES? 166 SOCIAL SECU N/A OR DATES) 577-84-3		Mildre		ADDR Potter-dau		r-(sa	ame a	ıs 13e)
that the death certificate dby the attending physicilease remove carbonopper in Lamonton, or removal.	or other troumotic event, th		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF	dixe	rai	raxila			gr	MATE INTERVAL MASET AND DEATH
N: The low requires tysicion. Total to be been signe consit permit. Then p. Hygiene prior to bur	8-shows ony injury.	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b CONDITION FOR WHICH	OPERATIO	N WAS PERFO	PRMED	YES NOTE OF INJURY OF INJU	20b. IF Y	YES, WER TIFYING YES []	RE FINDIN CAUSES	IGS USED OF DEATH? NO
NG PHYSICIAN oftending phy ther this certification os the buriol-training the hond Mentol 1	orked or them I	MEDICAL	OR CONTRIBUTING CAUSE OF DE LIFETITHER, NOTIFY MEDICAL EXAMINE 216 IN JURY OCCURRED WHILE NOT WHILE AT WORK		19	21f LOCATIO	DN	CITY OR TO	OWN	C	OUNTY	STATE
HOSPITAL OR ATTENDING on the hospital or FUNERAL DIRECTOR: A uld be detached for use on the State Dept of Hoole	ORTANT: If Item 21 is mo			ortol) attended the deceased from 19 00 01 view the body after death.	2 .01	DEGREE A 27e. ADDRES	ATTENDING PHYSICIAN D	MEDICAL STA	FF CIAN []		6/1	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Hines Rinaldi Funeral Home

230 BURIAL, CREMATION, REMOVAL (SPECIFY)Burial

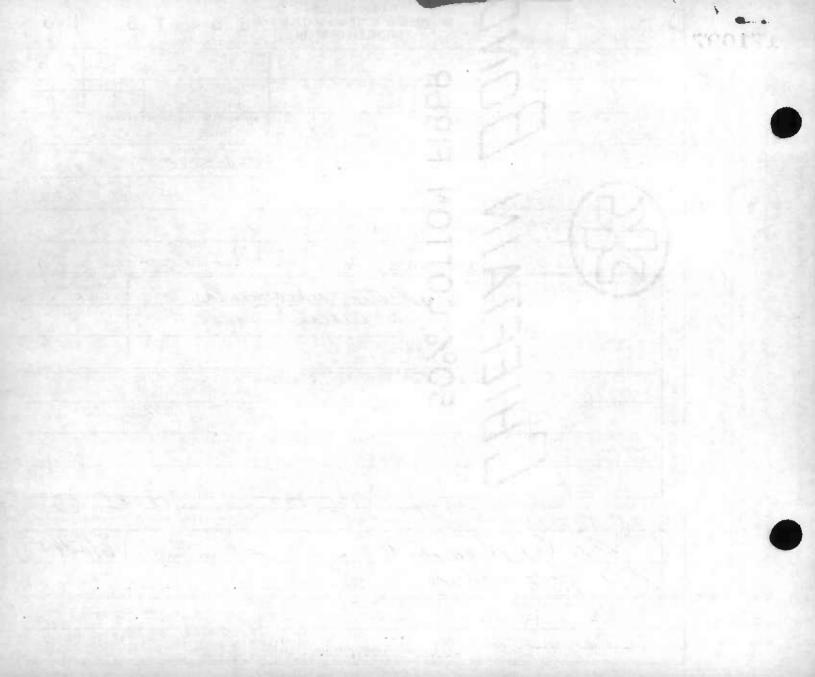
> 11800 N.H. Avenue Silver Spring, Md.

234 NAME OF CEMETERY OR CREMATORY

Brentwood Pr. Georges STAMd. June 17, 1985 Fort Lincoln Cemetery 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

3720 Farragut St., Kensington, Md.

23d LOCATION



			STATE OF MARYLAND	
179049	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGJENE	0 1 7
100000	115	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF BEATH	
	1. DE	CEASED NAME FIRST	MIDDLE LAST 70. DATE KNOWN A MONTH	DAY YEAR 25 HOUR
10	(TYI	PE OR PRINT)	OF ESTI-	20.1100K
S S S S S S		Clare		23 1985 M
PLEASE RECTO HOUP STREE	3. SE	4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 7c. DATE MONTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN, PRONOUNCED	DAY YEAR 2d HOUR
KRY, PLEASE DIRECTOR TO UR FILL TO UR	16	Male Black	December 22 1950 24 YRS. DEAD 6	23 1985 12:4
SAFED//	7	IRTHPLACE (STATE OR	7h CITIZEN OF WHAT COUNTRY?	
NECESSARY, UNERAL DIR S FOR YOUR	FC	DREIGN COUNTRY)	MARRIED NEVER MARRIED	
		NASHington Dic.	WIDOWED DIVORCED Prince George	e's County, MD.
(会長品)	110. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)	12b KIND OF BUSINESS OPUNDUSTRY
1 - 30500		Camp Springs	Andrew's Air Force Base Hospital Scorety	Russe
I ZOGO 7	"USU	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	THOEST
RETAIN HOULD RECORD	3	STATE 136. COUN		20744
7.5.2. ₹ Z.5.2. ₹ Z.5.2. ₹ Z.5.2. ₹ Z.5.2.2. ₹ Z.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		Marylano Y	.G. FT. Washington YES X NO 1 7802 Wiedbourne DR	
DEE, MD. DEATH. IF GES 1, 2, M PM 3, RETAIN AND 2, SHOULD DE VITAE, RECORI	14. F	ATHER'S NAME	MIDDLE LAST FIRST HANDEN NAME	LAST
IMORE, M IER DEATH- PAGES 1, CORM PM ES TAMP ON DE VITA	1	CAlvin Ru	ici Cathinna India	
NOR DE DE	16e. \	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
F 1. W-75	(,	YES, NO, OR UNKNOWN) (IF YES, GIVE	577-68-2968 Donna Rica 7802 Woodburg	0.
JRS AF JRS AF WITH T. PAG DIVISI				HOL
HOURS M 18. G VG WIT RMIT. P I.L.	1)	PART I DEATH WAS CAUSE	inly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON ST., IN 24 HOUF IN ITEM 18. ST ALONG W SIT PERMIT. HYGIENE, D.	1	0 11 0	ATE CAUSE (a) Drowning	
ESTO IN 17 ALC SIT P HYGI		7100	DUE TO, OR AS A CONSEQUENCE OF	
201 W. PRESTON ST., UTED WITHIN 24 HOUF IN PENCIL IN ITEM 18. EXAMINER ALONG W. RAL - TRANSIT PERMIT. O MENTAL HYGIENE, D ON, OR REMOVAL.	1	Conditions, if any, which		
I W. P D WIT PENCI AMINE AMINE ENTA		gave rise to immediate cause (a) stating the under-		
201 W. PRE UTED WITHII IN PENCIL I EX-AMINGS IAL - INTERIOR I OMENTAL P ON, OR REA		lying cause last.	DUE TO, OK AS A CONSEQUENCE OF	1 4 4 0 1
			(c)	
RECORDS, ID BE EXEC PENDING, MEDICAL AS A BURING, FEALTH AN MEDICAL CREMATING		PART 2 OTHER SIGNIFICANT CONDITIONS	IS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a	
CORDS BE EXE NDING NDING NS A BU NS A BU	O			
L' CAN VELLE	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
WITAL ISHOUL ORD "PECHEF E USED HIT OF HI	FF			Tr -
2 200 4-3-	- E	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P.	YES X NO
NOF THE W THE W THE W THE W TANEN	1 2	UNDERLYING TOOR	HOUR XXXXAONTH DAY YEAR	AKI 2)
SARAGE SARAGE	MEDICAL	CONTRIBUTING CAUSE OF		01
CERTING JEPA	8	21d INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
DIN THIS C WRITH PAGE STATE (2	WHILE NOT WHILE AT WORK	home 7802 Woodbourne Dr, Ft. Washingtor	DUNTY STATE
DIVISIONEE: THIS CERT CATE, WRITING FORWARDED 1 THE STATE DEPARAND. 21201 PRE		THE THE PARTY OF T	1 Mone 17002 Woodbodine Di, Ft. Washington	I,P.G.,MD
EXAMINER: CERTIFICATE UID BE FORM VINETORIS WARYLAND,		220. I certify that I taak char	rge af the remains described abave, held an Autapsy 💢, Inspection 🔲, Inquiry 🔲, and in my a	pinian
ME REPLACE		death resulted fram: Natu	ural causes , Accident X, Suicide , Hamicide , Undetermined manner ,	
A PRICE RES		1	A TITLE (SPECIFY)	
A. A		ACTUAL SIGNATURE	OUI 9 TO VIN OUV Accident DATE	6/24/85
Z # # # # # # # # # # # # # # # # # # #		SIGNATURE	M.D. ASSISTATIC MEDICAL EXAMINER SIGN	ED 0/24/03
SE A NOW	1	EXAMINER'S NAME	Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto.MD	
TO MEDICAL EXAMINI EXECUTE THE CERTIFIC, PAGE 4 SHOULD BE FATEROBETH, WITH THE BATTIMORE, MARYLAND	-			/•
FW0.F40	73a.B	SPECIFO	236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	UNTY STATE
07/84 BP		Bunai	6/28/85 Chellenham Veterans Cheltenham P.C	1.2
25M DHMH - 17	24. F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
(VR A15 ME (5))	16	J. B. Donkins 1	F.1-1 7474 Landow Rd JUN 25 1985 , would	son-Vandalle

AND THE STATE OF T

		1	F 0.0							ARYLAN						
16	9080		FOR STATE					MENT OF I				GIENE	5	1 8	0	8
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	(x)		E OR PRINT)		1.1.	0			Rich	2240		20	OF EST DEATH MAT	NN MO		R < 26 HOU
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de	DIRECTOR F	1	Male	White	1	1 24	08	76 YR	Y) MONTH		HOURS		DATE ONOUNCED DEAD	June	10 1985	1:3
	SA X EIG	7a. 8	RTHPLACE (S	STATE OR	7b. C	CITIZEN OF WI	HAT COUN	ITRY?	8. MARRI	ED NEV	ER MARRIE	D 🗆 9.		-	UNTY OF DEATH	
•	SATE OF		New Yo			USA			WIDOW		DIVORCE		Prince			M
	SEA SE	10. C	TY OR TOWN	OF DEATH		IF NOT IN SUCH FA			, OR OTH	ER INSTITUT	ION	12a USUA FOR MO	L OCCUPATIO	N (TYPE OF W	ORK 12b. KIND OF OR INDU	
	SE POTE		per Mai		91	15 Mar.	lboro	Pike,	Lot	#43-B			ander-1		d US Na	vy
9	Course of		AL RESIDENCE TATE		HOME OR OTH	ER INSTITUTION, GI		OR TOWN		13d INSIDE CIT	TY LIMITS?	13e STREE	T ADDRESS			
-	4.5 M D M	Ma	ryland	Princ	ce Geo	orge's	Uppe	r Marll		YES 🔀	NO 🗌			oro Pi	ke (2077	2)
10	A A S S S S S S S S S S S S S S S S S S		THER'S NAM		MID	DIE		LAST		15 MOTHER	R'S MAIDEN		WIGGLE		LAST	
	有名を到りし		ranklir								_	Hose	tters			
IMO	NS OPER	16a. V	VAS DECEASE	DEVER IN U.	S. ARMED F			CIAL SECURITY		17. INFORM	ANT		105 ^{AD}	Dove	Tree Ro	ad
METIN	B. GIVE P. WITH FO T. PAGES DIVISION	Y	es	V	WII		13	3 10 5	230	Richa	ard R	ichar	ds Gree	envill	e, South	
- 3	J		18 CAUSE C	OF DEATH (En	ter anly and	course per line	fortojab	T, and (c).)					1	Carol	ina APPROXIA	AATE INTERVAL
PRESTON ST.	TEM 1 ONG ONG PERMI		PARTID	EATH WAS C	AUSED BY: NEDIATE CA	who to the	1 Clu	nue.	Can	ulu	THE	rock	and de	ull	ne	
STO	SAP SO				(DUNTO, OR	AS A CON	ISEQUENCE C)F							
g.	A SAN SAN SAN SAN SAN SAN SAN SAN SAN SA			ins, if any, ise to imme		(b)										
3) stating the		DUE TO, OR	AS A CON	ISEQUENCE C)F							
201			ly ing co	036 (03).		(c)		3.1								
DIVISION OF VITAL RECORDS,	BE EXECUENDING AND ALTH AND CREMATION	z	PART 2 DIHER S	IGNIFICANT COND	ITIDNS CONTRI	BUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	NAL DISEASE	DR CONDITION	GIVEN IN PART	[] (a)				
REC	PEDDING BE EN PEDDING BE EN PEDDING ED AS A HEALTH	CERTIFICATION	19a. DATE OF	OPERATION	1	Tigh CONDI	ION FOR	WHICH OPER	ATION W	AS PERFORM	AFD?				20. AUTOP	cva
1×	〇〇 単の 止き	FIC	11312												4	
>	CERTIFICATE SHORTING THE WORL SDED TO THE CH E 3 SHOULD BE U E DEPARTMENT O	ER	21a. EXTERN.	AL CAUSE W	AS	216. TIME OF	INJURY		21c. HC	W INJURY C	OCCURRED	(ENTER NA	TURE OF INJURY IN	ITEM 18 PART 1	YES	J NO D
OZ	SHOOT STANDED		UNDERLYING	G OR	C OF DEATH			DAY YEAR								
Sio	SHO TO TO	MEDICAL	71d INJURY	OCCURRED		P.M.		19 (AT HOME,	21f. LOC	ATION						
2	OF EVER	M	WHILE	NOT WHIL AT WORK	E 🗍	STREET, FACT	ORY, FARM, E	TC)	S	TREET			CITY OR TOWN	/	COUNTY	STATE
	ISSEK :	1						-	1					_		
	A S S S S S S S S S S S S S S S S S S S		22a. I cert	ify that I taak	charge of t	he remains des	cribed abo	ve, held an	Autaps	у 🔲,	Inspection	U .	Inquiry ,	and in m	y apinian	
	WE BE		death result	red from:	Natural ca	uses .	Accident	L, Sui	cide	Hamicia	de 🔲,	Undeter	nined manner	□ ,		
	A SECON		ACTUAL	Ari	1.1.7	XX	1111	1119	/	TOTA (SPI	ECIFY			D	ATE 6-1	1285
	SHE SHE	1	SIGNATURE	1120	non	1. 100	ny	1	M.	19/	uny	-MEDIC	AL EXAMINER	SI	GNED	000
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRI	NAMI NT)	ausi	& P.K.	white	act 2	MAK	ADDRESS 5	009	Pay	hum	Ch., (and St	v., Med
	5X 4 5 F 8	230.B	URIAL, CREMA	TION, REMO				NAME OF CEM				23d LOC	TOWN		COUNTY V 7	2140
07/84	BP	Bu	rial	8 B	June	14, 1	985 A	rlingto	on Na	tional	1 Ceme	terv	Arli	aton	Virgini	3
25M	DHMH - 17	24. F	JNERAL DIREC	CTOR Le		neral H				25	So. DAJE	O'D' BY	G1985 25h	REGISTRA	S SICHATURE	AN .
		\$1d	Alexa			Road, C			yland				0			

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CEPTIFICATE OF DEATH

.43	gent.		0	5
B	5	1	8	-

8	0	9

2b. HOUR 4:00 Am IF UNDER 24 HRS

12b. KIND OF BUSINESS OR INDUSTRY W.S.S.C.
PGC School

APPROXIMATÉ INTERVAL

		REGISTRAR				CERTII	CATE OF DEATH		REG. NO.		3
		CEASED NAME	FIRST		MIDDLE	L	ASI	20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	wrence	2 W:	illiam	RICH	ARDSON	June	6,1985		4:00
A	3. SE)	K	1 1.9	4 RACE		5. DATE C		6 AGE (IN YEARS		IF UNDER I YEAR	IF UNDER 24 I
		Male		White		-	mber 27.19	28 56	YRS		
26		RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
1		aryland	-	U.S.A	•	WIDOWE		Prince	George's	3	
10	10 ⊂1	TY OR TOWN OF DI	ATH		HOSPITAL, NURS		ROTHER INSTITUTION	12a USUAL OCC	CUPATION P MOST OF WORKING LIF	12b. KIND C	W S S
2	I	anham					Pr. Geo. Co.		her-Cafe		School
46		AL RESIDENCE (IF NU	RSING HOME OR		130 CITY OR TO		113d INSIDE CITY LIMITS?	13e STREET ADD	ASST.		
1	Ma	ryland	P.	G.	Lanham		YES X NO	9212 R	oxanne Di		0706
10		THER'S NAME 1 ton Ref	יים ג	AMBOLE1	LAST		15. MOTHER'S MAIDEN NA		IDDLE	14	ST .
20	II I	ILOH Kee	ed KIC	nards	on		Marjórie	Agı	usta		ridge
1		VAS DECEASED EVE			166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS Add	ress Sa	me as
		s-Army	Kon		578 38	1801	Lorraine	. Rich	ardson !	Vo# 13e	•
		18 CAUSE OF DEA	TH (Enter on	y one couse pe	ringe for 10), (b), c	. 1	emong S	Lun	00	APPROX	GMATÉ INTERVA
		PART I. DEATH		E CAUSE (O)	dello	2900	111	19 -/		6	lean
				DUE TO, C	OR AS A CONSEQ		0)			
١.		Conditions, if an		((b)_	Sen	viv)			1	ney
		gove rise to in cause (0), stat	ing the	DUE TO, C	RASACONSTO	UENCE OF	11	4		11	cour
		underlying caus	se last.	(c)_	Core	nou	Anten	11/10	en	19	
	z	PART 2. OTHER SIG	SNIFLAN	ONDITIONS		DEATH BUT	NOT RELATED TO THE ERA	AMAL BISEASE O	R CONDITION GIV	EN IN PART 1	0
1	CERTIFICATION	19a DATE OF OPER	V Co		4	Mo	N WAS PERFORMED	0 0 0		- WEDE ENIO	1100 1100
/	FICA	196 DATE OF OPER	ATION	196. CONL	THON FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPS	IN CERTIF	S, WERE FIND I	OF DEATH?
1	ERTI	21g. ACCIDENT WAS U	NDESIVING F	21b. TIME (OF IN HIRV		21c HOW INJURY OCCUR		O X YE		№ □
7		OR CONTRIBUTING	_	LICUID A	M. MONTH	DAY YEAR	THE HOW INJURY OCCUR	KED (ENTER NATURI	OF INJURY IN ITEM 18 F	'ART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY ME			OF INJURY	19	211 LOCATION				
	ME	WHILE NOT	WHILE		REET, FACTORY, OFFICE	E FARM, ETC)	STREET	C	ITY OR TOWN	COUNTY	STAT
		AI WORK AI W		-1> -44-4 4			2 100 =			10 0 100	*
	Self	22a. I certify that (sed alive an.	600	D 19		d that in (my) (aur) apinian	death accurred a	n the date and hou	ond from the	that (I) (we)
		22b SIGNATURE	(did) (did ma				DEGREE			22c DATE	
-			1	1181	w			MEDICAL DIRECTOR	STAFF	6-	6.3
1		224 PHYSICIAN S.	ME GER		/		22e ADDRESS] DIRECTOR []	PHISICIAN [0	1-1
		@ HAI	VIVE	27	HAKI.	NN M.	5632	Nn	naunl	in X	0/
	23a. B	BURIAL, CREMATION	I, REMOVAL	23b. DATE	730	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO		leiter	634
		irial		6/10/	/85 M	d. Ve	ts Cemetery	Cheli	enham F	G. M	aryla

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

24 FUNERAL DIRECTOR Francis Gasch s sons runeral Home BY REGISTRAR 256 REGISTRAR'S SIGNATURE

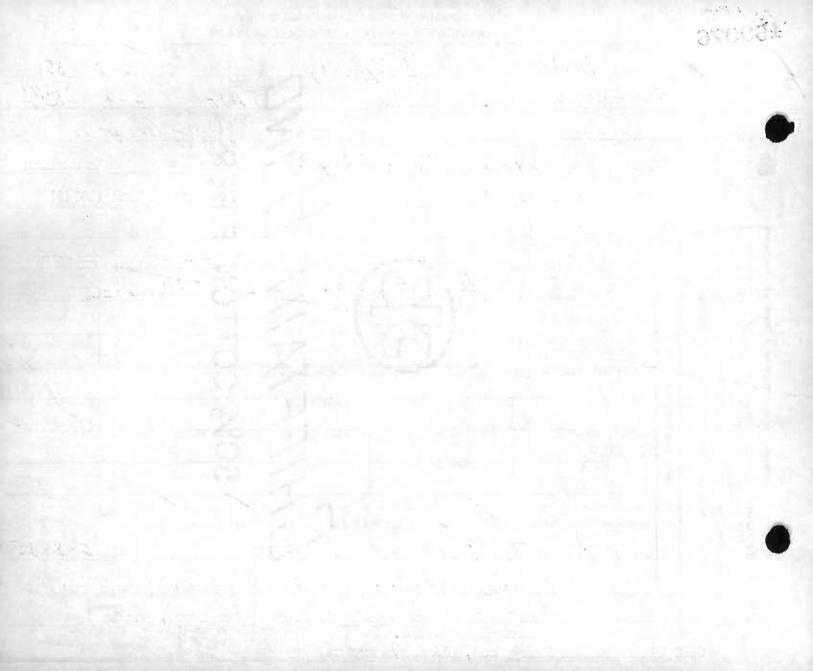
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					OF MARYLAND	
4		3	OR	DEPARTMENT OF HEA	LTH AND MENTAL HYGIENE	n 2 n
15	9076	1-	STATE REGISTRAR	MEDICAL EXAMINER	S CERTIFICATE OF BEATH REG NO	0 4. 0
	0010		EASED NAME FIRST	MIDDLE	LAST Ze. DATE KNOWN COMONTE	H DAY YEAR 26 HOUR
1			OR PRINT)	D 2.1	OF ESTI-	To the
1	A SE		Doris		a way DEATH MATED 6.	-8 1980 N
D	馬 ひ 三 支 屋 ノ	3. SEX	4. RACE 5. DATE 6		IF UNDER LYR. IF UNDER 24 HRS. 21. DATE MONTH	DAY YEAR 28 HOUR
	N 2 L	te	male White No	ov. 16, 1912 72YRS.	MONTHS DAYS HOURS MIN PRONOUNCED	8 10 85 A
3000	A A NEW AND A SE	7a BI	140	EN OF WHAT COUNTRYS	9 BALTIMORE CITY OR COU	NTY OF DEATH
	SE S	FO	REIGN COUNTRY)		ARRIED NEVER MARRIED Change	
	S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	Wa	shington, DC US	A 3	DOWED XX DIVORCED LINE	MD MD
	完成	10. CI	Y OR TOWN OF DEATH	E OF HOSPITAL, NURSING HOME, OR	OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
	353880	CI	inton Tru	the In Mary land	Hypital Teacher	Education
1	15 1 0 2 N	USUA	L RESIDENCE (IF IN NURSING HOME OR OTHER INS	TITUTION, GIVE RESIDENCE BEFORE ADMISSION)		
(图图	E9E58	13a S		13c. CITY OF TOWN	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	(20740)
1189	T A S S S			ge's Temple Hills	YES 🔀 NO 🗆 4513 Harvest Road	1 (20/48)
13	H A S	14. FA	THER'S NAME FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
m,	AND	Cl	yde Felter		Marion Smith	
Q	DOS TO	Iác. V	AS DECEASED EVER IN U.S. ARMED FORCE		. 17. INFORMANT ADDRESS	
BALTIMORE	IIN 24 HOURS AFTER DEATH PART DEAT IS N IN ITEM 18, GIVE PAGES 1, AND 3 TO THE FU R ALONG WITH FORM PM 3 HETAIN BE FEELED IN ITEMIT, PAGES 1 AND 2 SHOULD BE FILED HYGIENE, DIVISION OF ALTAI RECORDS, 20, W MOVAL.	No	(IF YES, GIVE WAR OR DATE N/A	579-32-4987	Margaret Collier - 6501 Ste	euben Court Maryland
~	A SPIE A	IVO			Margaret Willer - Clinton,	Maryland
1	DURS AF 18. GIVE WITH 1 MT. PAG		18 CAUSE OF DEATH (Enter only one cou- PART I DEATH WAS CAUSED BY:		Cardid Vascular deseas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST	VITHIN 24 HOU ICIL IN ITEM 18 NER ALONG 1 VANSIT PERMIT FAL HYGIENE, REMOVAL.	100	IMMEDIATE CAUSE	10 Hepen Jensul	, coraco os culoraliseas	4
5	ZEOF OS			JE TO, ON A CONSEQUENCE OF		
2	EX LAS		Conditions, if ony, which			
	UTED WITHII IN PENCIL I EXAMINER SIAL-TRANS D MENTAL ON, OR REA		gave rise to immediate cause (a) stating the under-	(b)		
	AF TAN		lying cause last.	JE TO, OR AS A CONSEQUENCE OF		
201	F1. 0. = =			(c)		
RECORDS,	P BE EXECTED MEDICAL MEDICAL AS A BU CREMATI		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	IG TO DEATH BUT NOT RELATED TO THE TERMINAL D	DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Ö	PENDING MEDICAL D AS A BL FALTH AN	Z				
2	E CAN A REP	Ĕ	19a. DATE OF OPERATION [19]	L CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED?	2D AUTOPSY?
¥	SHOULD ORD "PE CHIEF A E USED A T T OF HEA	FIC.				
5	WORD WORD WORD E CHIE CHIE CHIE SUS	Ē				YES NO
Ö	THE WOLLD BOULD BO	U		b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	To HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART I OR	PART 2)
N N	SE S	3	CONTRIBUTING CAUSE OF DEATH	P.M. 19		
DIVISION OF VITAL		MEDICAL CERTIFICATION	21d. INJURY OCCURRED 21	e PLACE OF INJURY (AT HOME, 21	LOCATION	
2	WRITING CHARDER CHARDER CO. TE. DO. TE	E	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY ME STATE
	Jer: THIS CER CATE, WRITIN CAR, WRITIN PR: PAGE 3 SI THE STATE DEP (ND, 21201 PR		AT WORK — AT WORK			
	D'S S		22a. I certify that I took charge of the re	emains described above, held an A	sutopsy , Inspection , Inquiry , and in my	opinion
-	EXAMINER: CERTIFICATI VUID BE FOR DIRECTOR: (, WITH THE: MARYLAND)		death resulted from: Natural causes	Accident . Suicide	Homicide Undetermined manner .	
	A B B E F F F F F F F F F F F F F F F F F		Λ			
	₩ # # # # # # # # # # # # # # # # # # #		ACTUAL Hugusta	XX (1: 1/1-)	TITLE (SPECIFY) Deputy Deputy Deputy	E 6-8-85
	YERSP W		SIGNATURE / POPULO /	· [rolligue]	M.D. MEDICAL EXAMINER SIGN	NED 6 0 0
	SEA MASS		EXAMINER'S NAME	12.11.66	5000 D 1 0 m 1	77.77
	돌 집위로 없을		EXAMINER'S NAME Augusto P.	Rodriguez, M.D.	ADDRESS 5009 Rayburn Ct, Temple	Hills, Md
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PACE A SHOULD BE P TO FUNERAL DIRECTO AFTER DEATH, WITH THE BAUTINORE, MARYLAI	23a.B	JRIAL, CREMATION, REMOVAL 236 DATE	23c. NAME OF CEMETE	RY OR CREMATORY 23d LOCATION CITY OR TOWN CO	DUNTY STATE
07.0			urial June 12	2, 1985 Fort Linco	In Cemetery Brentwood, Mary	
07/84 25M	BP		INERAL DIRECTOR Tee Fune:	ral Home, Inc.	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S	
	DHMH - 17		NAME ICC I UIC	MODRE 33	THE 4 A POOP AS S Probabil	
	(VR A15 ME (1663	BC	ld Alexander Ferry 1	Road, Clinton, Mar	yland JUN 1 7 1900 1/1 What	1
						0 0 00



WRA 15/41

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	STA	ATE	OF	M	ARYL	AND
EPARTMENT	OF	HE	AL	TH	AND	MENT

AL HYGIENES 5 CERTIFICATE OF DEATH

REGISTRAR MIDDLE 20 DATE OF DEATH MONTH 2b HOUR June 28, 1985 Ruth Rieter Frances 8:10p. 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH October 9, 1895 White Temale. TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kentucky Prince-Georges WIDOWED DIVORCED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Hvattsville Sacred Heart Home, Inc. Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Columbia 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 1516 - 30th St. 13c CITY OR TOWN District of Washington YES X NOF 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Albert Julia Sutton Rvan 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Daughter- Phyllis P. Funkhouser - Same as 408-367-402 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per log for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I O 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70h, IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOK YES [NO I 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) this hospital) attended the deceased from saw the deceased alive on_obove, (I) (we)kdid) (did not) ., and that in (my)(our) apinian death occurred on the date and hour and Iram the causes stated DEGREE 22c. DATE SIGNED PHYSICIAN TOIRECTOR PHYSICIAN een way Center 23c NAME OF CEMETERY OR CREMATORY Cremation June 29,1985 Metropolitan Crematory Alexandria, Virginia 4 FUNERAL DIRECTOR DeVol Funeral Home DHMH - 16 60M 7/84 Washington, D.C.

Janghuen- Phyllin F. Whithminen - Stend John S. H. M. Metropolitan (Remetery Alexandria, Wirelake Devel Ameral Hore dannington, D.C. 163065

ond completely

ony injury, or other froumotic event, the medical exp

MPORTANT: If Hem 21 is morked or Hem 18 shaws

FOR DEPARTMENT O

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

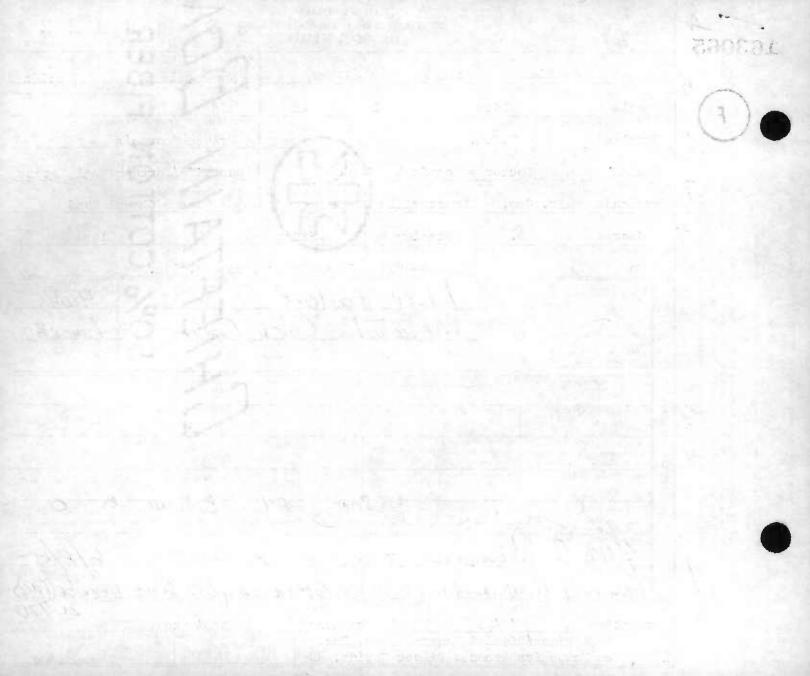
5 | 8 0 2 2

		REGISTRAR						171	REG. N	Э.			24	2-	
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR .	
4			E11	en	Stanley		ROGERS		June 8.	1985			8:	30a M	
)	3 SEX	K	4 RACE			5. DATE C		YEAR				RIYEAR	YEAR IF UNDER 24 HRS		
Ų	F	emale		White		1	20	29	56	YRS		UAIS	110043	MIN.	
	7a. BI	RTHPLACE ISTATE OR F	OREIGN .	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D X NEVER	MARRIED [9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH			
9		aryland	- 16	U.S.A		WIDOWE		VORCED	Prince G	eorge	e's			MD.	
2	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL OCCUPAT	ON	12b.	KIND O	F BUSINI	ESS OR	
D	L	anham		Doctor'	s Hospita	11 - I	anham		Housewife/				Est	ate	
	USU A	AL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE BEFORE		1 13d. INSIDE C	CZTIAALI VTI	13e.STREET ADDRESS			OK!	111	40	
/		ryland	Pr.		Hyattsvi		YES X	NO 🗌	6308 Queer			Roa	ıd	1	
	14 FA	THER'S NAME		MIDDLE	TAST		15 MOTHER	S MAIDEN NAA		177		145	Y		
7		George		D.	Stanle	y	L	ilian	WIDDLE		L	loyd			
		VAS DECEASED EVER		MED FORCES?	16b SOCIAL SECU	RITY NO	17 INFORMA	INT	ADDRI	SS					
	(1	No	(IF TES GIV	E WAR OR DATES	213-24-4	932	James	Rogers	, see No. 1	3e.					
		18 CAUSE OF DEATH	H (Enter on	ly ane cause pe	r line for a1, (b), and	dicit	- /	,			В	APPROXI	MATE INTE	RVAL DEATH	
				D BY: E CAUSE (0)	Live	20	taile	110		23		4	WY	S	
				DUE TO, C	R AS MONSEON	NCE OF) —	1		-		1		_	
		Conditions, if ony,		((b)_	VVIE	usia	50/2	LOLON	(PALCE	v		60	MON	RS	
		gove rise to imm couse (a), statin	g the	DUE TO, C	R AS A CONSEQUE	ENCE OF					311				
		underlying couse	lost	(c)											
	_	PART 2 OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING TO [DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION GI	IVEN IN F	PART H			
	CERTIFICATION	A DATE OF OREDAYON													
/	ICA	190 DATE OF OPERAT	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH							
	RTIF			3 00 5005	5 hallupy				YES NO		ES 🗌		NO [
1		210. ACCIDENT WAS UND			M. MONTH DA	AY YEAR	ZIC HOW IN	IJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB	PART 1 OR I	PART 2)			
	ICAI	(IF EITHER NOTIFY MEDIC	AL EXAMINER) P	P.M. 19										
	MEDICAL	21d. INJURY OCCURR			OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATIO	N	CITY OR TO	WN	cou	UNIY		TATE	
		AT WORK AT WO	K			151	-	111	0.1	44.00	-0				
		220 I certify that			re deceased from_	- N	HIM	_, 19.29	eoth occurred on the de	eus.	19.03	. 1	the (we) lost	
				the body				(our) opinion d	leath occurred on the de	ate and ha				oted	
		Train	71	16			DEGREE	TTENDING .	MEDICAL STAI	F	224	. DATE	SIGNED	/	
_		young	u	reeus	uger		122e ADDRES	PHYSICIAN 2	MEDICAL STAI	IAN 🗆		6/	8/8	5	
h		1 - Common of the	0 0	a called	11	2	116 ADDRES	•	(t	\ - ·	1	/	10	11.5	
		I TUMAS 1	7.13		6 Ermi		RS (0	reewo	uny cles	שענית	91	990	5011	MI	
ı	(SPECIFY)	REMOVAL	23b. DATE			EMETERY OR		23d LOCATION CITY OR TOWN		COUNT	IY Z	207	70	
		remation JNERAL DIRECTOR		6/9/85			remator		Washingt						
		NAME			i Funeral			79999	REC'D. BY REGISTRAR	ZSB. REGIS	IRAR'S S	IGNATI	URE		
	11	800 New Har	mpshi	re Aven	ue, Silve	er Spr		D] JU	N 1 U 1985	ماد	David	600/-	Book	0.0	
							20904			4				-	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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4	Street,
	- 0.0
	-

44 1 - STATE REGIS	TRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 5 REG. NO.	8023
1. DECEASED		MIDOLE	LAST	20. DATE OF DEATH MONTH DA	YEAR 26 HOUR ,
		nard T.	Roland, Sr.	June 4, 198	5 450
3. SEX		4. RACE	5. DATE OF BIRTH 9	6. AGE (IN YEARS LAST BIRTHOAY)	FUNDER LYEAR IF UNDER 24 HRS
Mal	E	White	Sept. 1917	67 YRS.	
BIRTHPLA	CE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Wash	- /	U.S.A.	WIDOWED DIVORCED	Pr. G	eo.
= 7//	own of DEATH rerly	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Pr. Geo. Ge:	no Hospital	120 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) Ret. Wash. Po	126 KIND OF BUSINESS OF INDUSTRY St Machinis
USUAL RESII 13a. STATE Md	13b COUN	TY Geo. Greenb	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2-B Plateau I	(20770) Place
14 FATHER'S		AIDDLE S. Rolan	d 15. MOTHER'S MAIDEN NAME of Mary	MIGDIE	Flynn
		MED FORCES? 166. SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	Same as
Yes No o	SUNKNOWN) (IF YES GIVE	TT 578-09	-9432 Ann P. R	oland (Wife)	above
for transfer cause	RT I. DEATH WAS CAUSED IMMEDIATI tions, if ony, which rise to immediate lal, stating the lying cause last	CAUSE (d)	erdiae arr		10 hour
V PART	Congest	onditions contributing to i	CLUSE, Afy perten		N IN PART TIO
Shows on Day	TE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
- 01	CIOENT WAS UNDERLYING ITRIBUTING CAUSE OF DEAR HER NOTIFY MEDICAL EXAMINER)		21c. HOW INJURY OCCURE 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)
O III	OURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
so.		al) ottended the deceased fram_ 6/4 19 (fs_, and that in (my) (aur) apinian	death occurred an the date and have	, that (I) (we) lo and from the causes stated
22b. SI	David,	Draw tory		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
MPORT		granite, MD		erway greent	ettire 2017
23a. BURIAL,	CREMATION, REMOVAL		edar Hill Cem.	23d LOCATION CITY OF TOWN Suitland P	r Geo Md

Mt. Rainier, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Nalley's F.H.Inc.

The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 160100 REG. NO DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED John Herbert Rowe, Jr. 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 XR. LIF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) 1933 51 Male White 06 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington, D.C. Prince George's County U.S.A. WIDOWED [DIVORCED D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 124 USUAL OCCUPATION STYPE OF WORK 126. KIND OF BUSINESS Electrical Cont Self Employed Prince George's General Hospital Cheverly SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1090 Galway Road 21035 P.G. Davidsonville YES X NO T Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Cooley Haze1 John н. Rowe, Sr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 3500 Mt. Burnside Way (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-40-9022 Carla Lanzetta (Daughter) Woodbridge, Va. Yes Korea 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DE ATH WAS CAUSED BY rates andervortular DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO F 71a. EXTERNAL CAUSE WAS 716. TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 27a I certify that I took charge of the remains described above, held on Autopsy death resulted from: Natural causes Accident Undetermined manner SIGNATURE MEDICAL EXAMINER 730 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 6/6/85 Burial Fort Lincoln Cemetery Maryland Brentwood 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781

STATE OF MARYLAND

DE

PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES	5 REG. N	10	8	Ü	2
LAST	2a DAT	E OF DEATH		DAY	YE AR	2b. HO
D 11		T	10	100	O.E.	11.

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		4
ı	1. DECEASED NAME FIRST	MIDDLE	L.	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
1	(TYPE OR PRINT) Doro	thy R.	Rus	ssell	June 18	1985	1:00 M
	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	# UNDER 24 HRS HOURS AIN.
2	Female	White	Febr	uary 14 191	0 75 YR		HOURS MIN.
/1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COU		
1	Washington DC	USA	WIDOWE		Prince Geor	ge	MD
7	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND C	OF BUSINESS OR
4	Hyattsville	Carroll Nano		sing Home	Housewife	G LIFE) INDUSTRY	
	USUAL RESIDENCE (# NURSING HOME OR 136, STATE 136, COUN			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	nne /	7,742
	Maryland Pi			YES NO	Green Valley		0110
5	14. FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME		
4		nornton Burr	ns	Evelyn	MIDDLE	Morgan	
1	160 WAS DECEASED EVER IN U.S. AR.		CURITY NO.	17. INFORMANT	ADDRESS 3103	Stonybr	cook Dr
	NO (PES, NO OK UNKNOWN)	578-58	8-2412	Joanne Ru		Prollypr	TO YOU.
Ī	18 CAUSE OF DEATH (Enter on		ond (c),)				MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUSE	E CAUSE (o)	DiA	2 MRRESI		51	MIN.
		DUE TO, OR AS A CONSEC	QUENCE OF				
	Conditions, if ony, which	(b) CONE	657	11/6 /1679	PIFAILIRE	- / (WK.
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	QUENCE/OF		1 22	1.1.	
0	underlying couse lost.	1 ART. S	of Co	AR KENL	1500	16	77KS
1		CONDITIONS CONTRIBUTING T	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART I	0,
4	NO DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING						
4	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	NCE INCE	YES, WERE FINDIF	
4	T L			· · · · · · · · · · · · · · · · · · ·	YES NO	YES	NO 🗌
1		216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	716. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART) OR PART 2)	
٦	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				100
1	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
.	AT WORK NOT WHILE AT WORK			76	, /	0 00	
1	22a. I certify that (I) (this haspi		C7 4"	, 19./0		7. 19	that (1) (we) lost
1		t) view the body offer death.			death occurred on the date and		
	27% SIGNATURE	17/1/	1.	DEGREE ATTENDING	MEDICAL STAFF	22s. DATE	1000
1	22d. PHYSICIAN'S NAME (TYPE O	Westerne	racel	PHYSICIAN 1	DIRECTOR PHYSICIAN	0	10/00
		Schneider M	D		\ >_book Dleed NE	7 Filmula	DC

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If he

234 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

STATE Md COUNTY

OR 20June85 Cedar Hill Cemetery Suitland, Md 100 DATE RECT

The tenth of the second of the

68009	1-	FOR STATE REGISTRAR		MENT OF HEA CERTIFIC	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	REG. NO.	8 0	2 /		
noy be 4		CEASED NAME FIRST OR PRINT) FRANC	ES L.	SAV	OY	20. DATE OF DÉATH MONTH 6/1	DAY YEAR LO/85	26 HOUR 1:10p M		
ector po	3. SEX	Female	4. RACE Black	5. DATE OF E	25,192 ^{FAR}	6. AGE (IN YEARS LAST BIRTHDAY) VRS	MONTHS DATS	HOURS MIN.		
marcal dur		RTHPLACE (STATE OR FOREIGN OUNTRY)	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUN PRINCE GEORGE 1		Z MC		
by the full	C		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SOUTHERN MARYLAN	ADDRESSI D HOSP:		LITTE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
filled in	USUA 13a S	TATE Md. 136 COUN		/N 113	d INSIDE CITY LIMITS?	4110 Old Cre	ain Hwy	7777		
ompletely ond 2	4 FA	Robert	Shorter		Sarah	WIDDIE	Savoy	ST		
n and co	()	(AS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU E WAR OR DATES) 214-30-		Charles Sa	voy-Same as 7	# 13 ab	ove		
physicia npapers maval.			ly one cause per line for (a), (b), one DBY. E CAUSE (a) CARD TO	- Pul	MONARY	FAILUA		ONSET AND DEATH		
that the deoth ce I by the attending eose remove corb ol, cremation, or r r other troumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.	E							
equires n signed Then pla r to buria	NOI		NCER,	RENA			GIVEN IN PART TO	la †		
ion. hos bee the permit tene prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	WAS PERFORMED		YES, WERE FINDII RTIFYING CAUSES YES [
SICIAN: T ng physicin certificate ririol-tronsi entol Hygi Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA) P.M.	AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}			
offending phy offer this as the but hond M borked or orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	II LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
ATTENDIS rospital ar tECTOR: A ed far use of pt. of Health		saw the deceased alive on	tal) attended the deceased fram 6 - 0 19 1) view the bady after death.	ST, and t	that in (my) (our) apinion of	deoth occurred on the date and h	haur and fram the			
tral OR by the transfer of the transfer of the transfer of the transfer of tra		22d PHYSICIAN'S NAME (TYPE O	ugasla PRINTI	- M	ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN		0.5.7.0		
TO HOSPITAL retoined by t TO FUNERAL should be def with the Stote		VANMAN	GANDLA.		CLINTO	1 11111	ARD 20	735		
BP		URIAL CREMATION, REMOVAL SPECIFY)	1 1 . 1 1 .	ARHON	LETERY OR CREMATORY	23d LOCATION CITY ORTOWN LANDOVER	P.G. M	D. STATE		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR H. S. INASHINGTON & SOME 4925 BURROUGHS AVENCE.

13 ARMONY MEM. PARK LINDOVER P. COUNTY MD. STATE

250 PATE REC'D BY REGISTRAR 250 REGISTRAR SIGNATURE

BEESS
BURROUSEMS AVE, WE. 1 3 1985 JUNE DAVIDSON-RENDERS

A CONTRACTOR OF THE PROPERTY OF THE PARTY OF

STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME LAST 7h. HOUR OR PRINT Charles June 1,1985 6:09amM Henry SCHROEDER IF UNDER I YEAR 20, 1927 58 Male Caucasian May TO BIRTHPLACE (STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COHNTRY Maryland U.S.A. Prince George DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Salesman Bakery Doctors Hospital Lanham USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) P.G. Lanham 5406 75th Avenue 13d INSIDE CITY LIMITS? 20706 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Elizabeth Fortenbaugh Dorothy Martin Schroeder Henry 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT WW 2 219-22-5511 Betty Lou Schroeder, Same as Line 13 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED

NOKX

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

IN CERTIFYING CAUSES OF DEATH?

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INTURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

21b. TIME OF INJURY

211 LOCATION

STATE

saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death

22a I certify that (1) (this bountal) attended the deceased from

DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

DIRECTOR PHYSICIAN

and that in (my) (tous) apinion death accurred an the date and have and from the causes stated

CITY OF TOWN

22c DATE SIGNED

NOT WHILE

21g ACCIDENT WAS UNDERLYING

Mecho

77e ADDRESS 5806

5 20

DHMH - 16 60M 7/84 (VRA 15, 4)

23g. BURIAL CREMATION REMOVAL (SPECIFY) 6-4-85 Burial

Gate of Heaven

23c NAME OF CEMETERY OR CREMATORY

CITY OF LOWN

Silver Spring, Mont., Md.

TFFATO TESTO Gasch's Sons Funeral Home, P.A. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 4739 Baltimore Avenue, Hyattsville, Md

ina Deviden Bondage

39,100 with with the X = Oil __ x deal() 2 deal

injury, ar other traumotic event, the medical expanine

IMPORTANT: If them 21 is marked or them 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

	STATE OF
OR SC	DEPARTMENT OF HEALT
TATE	
CISTRAR	CERTIFICA

STATE OF MARYLAND TH AND MENTAL HYGIEN TE OF DEATH

	REGISTRAR	CERTII	ICAIL OI DEATH	REG. NO.	1 715
	1. DECEASED NAME FIRST MARTHA	A. SELF	LAST	20 DATE OF DEATH MONTH DO 06 07	85 26. HOUR 7 18PM
	3. SEX 4 RACE	5 DATE O			IF UNDER 1 YEAR IF UNDER 24 HRS
	Feamle Blac	k Ju		4.4 YRS	ONTHS DAYS HOURS MIN.
1	South Carolina US.	A widowi		PRINCE GEORGES	
4	CHEVERLY PRINC	F HOSPITAL, NURSING HOME (ECHGEORGES GENER		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE Custodian	12b. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTE STATE 13b. COUNTY Maryland PG	Riverdale	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 6607 Powhatta:	n Drive
1	14 FATHER'S NAME FIRST MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE	LAST
	Rufus Jones			Ann Jones	
	160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	578 56 1589	Ida Adney	ADDRESS -cousin-	
	Conditions, if ony, which gove rise to immediate couse ioi), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS 190 DATE OF OPERATION 190 CON 110 ACCIDENT WAS UNDERLYING 210 ACCIDENT WAS UNDERLYING 210 TIME	OR AS A COMSEQUENCE OF OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT DITION FOR WHICH OPERATIO OF INJURY	IN WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED 218 PLAC	A.M. MONTH DAY YEAR P.M. 19 E OF INJURY STREET FACTORY OFFICE FARM ETC.)	21f LOCATION	CITY OR TOWN	COUNTY STATE
	270. I certify that (1) (this hospital) attended sow the deceased alive on above (1) (se) (did) (fid not view the box 270 SIGNATURE 124 PHYSICIAN'S NAME (TYPEOR PRINT) 137 PHYSICIAN'S NAME (TYPEOR PRINT)	dy ofter death.	DEGREE ATTENDING PHYSICIAN 272 ADDRESS 6510 E	depth occurred on the dote and hour MEDICAL STAFF DIRECTOR PHYSICIAN	127 DATESIGNED 6/10/85
	Burial \(\) June		EMETERY OR CREMATORY Liberty Spr	23d LOCATION Edgefie	eld, S.C. STATE

Rd.

N

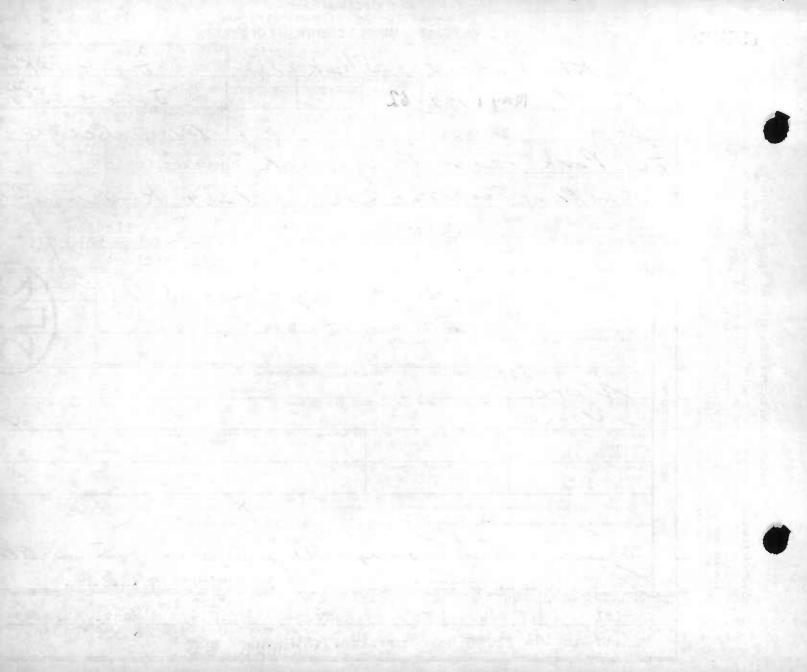
DHMH - 16 60M 7/84

(VRA 15, 4)

BP

24 FUNERAL DIRECT Home-4001 Benn. Funeral

Stewart



-	1	FOR			PEPARTMENT OF	HEALTH	AND MENTAL H	TYGIENE		8 0	3 1	
89		STATE REGISTRAR		MEI	DICAL EXAMI	NER'S	ERTIFICATE C	OF DEATH	REG. NO.			
		EASED NAM	E FIRST		WIDDLE		LAST	20. DATE	KNOWN	MONTH D	DAY YEAR	2b. HOU
1/-	lane (TYP)	OR PRINT)	Edwar	rd	Jerome	S	heehan	OF DEAT	H MATED X	6/13	19 85	
PRESTON STREET.	3. SEX	100	4. RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	IDER 1 YR. IF UNDER	24 HRS. 2c. DA	TE	MONTH D	DAY YEAR	2d HQU
1	M	ale	White	Aug. 19,	1914 70	YRS. MONT	HS DAYS HOURS	MIN PRONOL		6/18	19 85	3:0
3	7a. BI	RTHPLACE (S	TATE OR	76. CITIZEN OF WE		8 MARR	ED NEVER MARR	IED P BALTI	MORE CITY OF	COUNTY	OF DEATH	
311						WIDOW	ED X DIVORC		nce Geor	rge's f	County	M
11/	10. CI	Y OR TOWN		(IF NOT IN SUCH FAI	PITAL, NURSING HOA	}		120 USUAL OCC	Tetal Wo			
4		Hyatts			29th Avenu		04	pueer 1	de cal we	Tret	Consti	rue t.
26	13a. S	ATE	113h COUN	VIV	13c CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e_STREET ADD	RESS <	001	100	and a
1		arylan		e George's	Hyattsvi	11e	YES NO		29th Av	/enue,	#304	
2	14. FA	THER'S NAM		WIDDLE	Sheeha	~	15 MOTHER'S MAIDE		MIDDLE	D	erkins	3:13
1	160 14		D EVER IN U.S. AR	PHED FORCESS	16b. SOCIAL SECUR		17. INFORMANT	De ell	ABONETCH			
1	(YI	Yes	OWN) (IF YES GIVE	WAR OR DATES)	578-07-35		Thomas E	Sheehan	790631	North .	Edison Virgi	51
						-/	211021010 2		ALIII	ig con,	APPROXIMATE	
		PART I DI		nly one couse per line		dial	dicasca			4	BETWEEN ONSET	AND DEAT
		are:	IMMEDIA		ute myocar		ursease					
EMO	. 101	Conditio	ns, if ony, which				1 diaman					
N, OR R			se to immediate) stating the under-		ronic myoc		i disease.					
Ž,		lying co		DOE 10, OR	AS A CONSEQUENCE	E OF				1		
		PART 2 DINERS	IGNIFICANT CONDITIONS	(c)	BILL NOT BELATED TO THE TE	PMINAL BICCAC	E OR CONDITION GIVEN IN PA	IOT 1				
	Z				None	AMIN'NE DIJERJ	ON CONDITION DISCH IN TA	KI I IO.				
1	ATIG	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?			7	20 AUTOPSY?	
X	IFIC	No	ne								YES 🗌	NO X
7	CERTIFICATION	21a EXTERNA	AL CAUSE WAS	21b. TIME OF	INJURY	21c H	DW INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PART 2)		
3		UNDERLY INC	OR CAUSE OF		MONTH DAY YE		one					
1	MEDICAL	21d. INJURY		21e PLACE C	OF INJURY (ATHOME,	21f. LO	CATION		· · · · · · · · · · · · · · · · · · ·			
	Σ	AT WORK	NOT WHILE] SIREET, FACT	ONT, FARM, ETC.)		(MEC)	CITY OR I	OWN	COUNTY		STATE
		22a. I certi	fy that I took char	ge of the remains desi	cribed obove, held on	Autop	sy . Inspectio	n , Inquir	y X ond	I in my opinio	20	
TE		death result		iral couses X,		ovicide	Homicide .	Undetermined		шу орино		
			17	0/	7		TITLE (SPECIFY)					
		SIGNATURE	KR.	2/1	aners	M	Deputy	MEDICAL EXA	MINER	DATE SIGNED_	6/19/8	35
7	-	-		10	0		1919	Seminary	Road			
	1	TYPE OF PRI	NT Joh	nn S. Roge	rs, M.D.	4	ADDRESS Silve	er Spring	, Montg	omery.	, Md.	
	23a. Bl	RIAL, CREMA	TION, REMOVAL	23b. DATE	23c NAME OF C			23d. LOCATION		COUNTY	STA	ATE
		Buria		6/21/85			ional Cem.		gton Vi	_		14-11
)		NERAL DIRECT		uneral Hom	Oxon Hi	II, Ma	Rd 250. DATE I	REC'D. BY REGISTE	PAR 25 REGIS	TRAR'S SIGN	-Aandese	-
	₩.	orge P	rales I	mieral Hom	е		JUN	2.1 1985	Trans v	and about	-Madarac	

STATE OF MARYLAND

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FOR

- STATE CERTIFICATE OF DEATH 192035 REGISTRAR REG. NO. 20 DATE OF DEATH 26 HOUR DECEASED NAME MONTH (TYPE OR PRINT) FRED IF LINDER ! YEAR & AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) Insurance Co Insurance Agent 13e.STREET ADDRESS / ZIP CODE 5704 Old Temple Hills Rd Mock same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 17/117 ATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART, 110 CERTIFYING CAUSES OF DEATH? YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OF TOWN STATE ___, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 224. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1 July 85 Cedar Hill Cemetery Suitland Marylan 4308 SuitlandRDS. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE A FUNERAL DIRECTOR E Wilhelm DHMH - 16 60M 7/84 Suitland Maryland Funeral Home (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 4 4 8 The second secon

should be detached for use as the burial-transit parmit. The with the State Dept. of Health and Mental Hygieme prior to APORTANT: If them 21 is marked or them 18 short or TO FUNERAL DIRECTOR: After this certificate Item ben

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

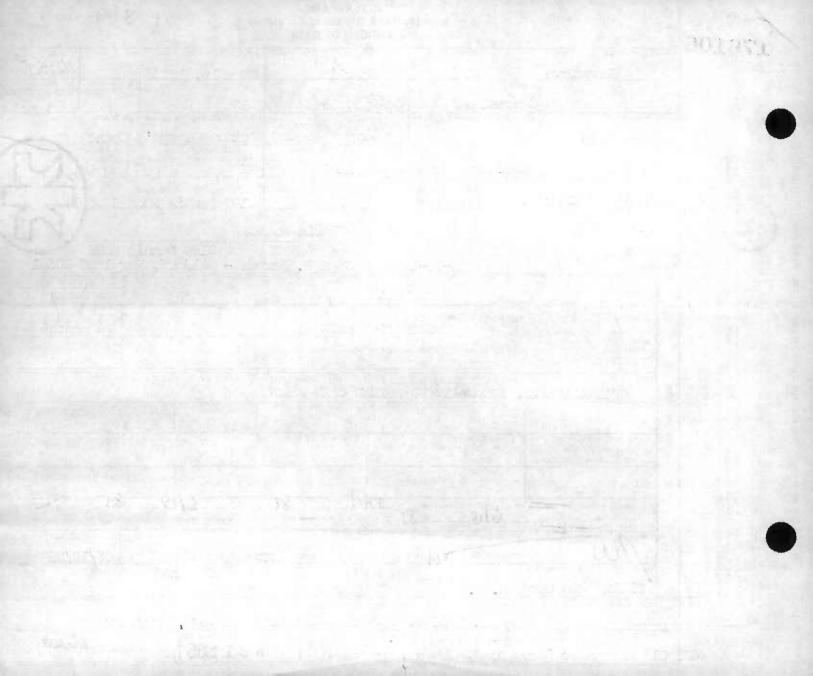
-		REGISTRAR				CEKTII	ICAIL OF	LATII		REG. N	0.			
1		EASED NAME	FIRST	٨	AIDDLÉ	l	AST		2a. DATE OF I	DEATH	MONTH D	DAY YEAR	2b HC	OUR
	(TYPE	OR PRINT)	larga	no tr	A Ch	elton.		7 D Y	T		20.	1985	Q.	15am
1	3. SEX		larga	4. RACE	A. SHE	5. DATE C	OF BIRTH		6. AGE (IN YEA			IF UNDER 1 YEAR		ER 24 HRS
		Female		White		MONTH	DAY 21	1896		39		MONTHS DAYS	HOURS	MIN.
4	2. DU	RTHPLACE (STATE ORF			WHAT COUNTRY?	Ja	n. 31,	1090	9 BALTIMOR		YRS.	OFDEATH		_
5		COUNTRY)	ORE IGN			MARRIED NEVER MARRIED								
1		onnecticut		U.S.A		WIDOWE		VORCED			Georg			MD
	10. CI	TY OR TOWN OF DEA	TH		OSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL O		12b. KIND C	F BUSIN	VESS OR	
	A	delphi		Paint	Branch Nu	ursin	g Home		Secre	etary	7	U.S.	Nav	7У.
S		AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE C	ITV I IAA ITS2	124 STREET A	DDDESS	/ 71P CODE			-
И		rvland		ce Geo.	Brentwo		YES TY	NO 🗍	130 STREET AT 4314	40th	Place	2072	2	
0	-	THER'S NAME			THE RES		15. MOTHER	S MAIDEN NAM	WE					-
9		James	J	MIDDLE	Porcin		A14	FIRST		MIDDLE	Ma	ohon LAS	,T	
4	14n 14	VAS DECEASED EVER	_	MED FORCES?	Bergin 16b. SOCIAL SECU	PITY NO	Alj		0701	ADDRE		ehan		
		ES, NO OR UNKNOWN)		VE WAR OR DATES)								Mason		
		no			577-46-4	4412	Alyce	M. Bire	ch, Fal	ls C	hurch.	Va. 2	204	
		18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (a), (b), and	d (C)						BETWEEN	ONSET AN	ND DEATH
		PARTI. DEATH W		TE CAUSE (a)	Cardiac a	arres	t secor	dary to	arrhy	thmi	a	Sudd	en	
				DUE TO OF	AS A CONSEQUE	NCF OF								
		Canditions, if any,	which	(ib)	Arterios (clero	tic car	diovaso	cular d	isea	se	Unkn	own	
-1		gave rise to imp	nediate	3005 70.00		NCC OF		71						
Э		underlying cause		DUE TO, OF	R AS A CONSEQUE	INCE OF								
		PART 2. OTHER SIGN	LIEICANIT	CONDITIONS CO	ONTRIBUTING TO F	SEATH BUT	NOT PELATER	TO THE TERM	IN AL DISEASE	OP CON	IDITION CIV	ENI INI DADT 1	-	
	z	TART 2. OTTER SIGT	AII ICAIAI	CONDINOIS CC	JIVIKIOOTINO TO L	JEAIII DOT	NOT KELATE	O INE TERM	MAL DISEASE	OR COIL	DINOI4 GIV	LIA IIA I AKY II	0	
4	CERTIFICATION	19a DATE OF OPERA	ION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO)RMFD	20a AUTO	PSY?	20h IF YES	, WERE FINDI	NGS US	ED
×	FIC	THE DATE OF OFTER		176. CO(10.	nor non mile.	0.0000	TT TT TE TO TE TO T	Julie			IN CERTIF	YING CAUSES	OF DE	ATH?
3	RT	71g. ACCIDENT WAS UNE	FALURIC F	7 21b. TIME O	E INTUINY	-	Tale HOW IN	LIUDY OCCUPE	YES [NO X		S 🗌	NO	
1		OR CONTRIBUTING			M. MONTH DA	YEAR	ZIC. HOW II	JURY OCCURE	CED (ENTER NAT	URE OF INJU	IRY IN ITEM 18 P	ARI I OR PART 2)		
	CAI	(IF EITHER NOTIFY MEDI	CAL EXAMINE	R) P./		19								
	MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY	ARM FIC)	211. LOCATI			CITY OR TO	NWO	COUNTY		STATE
	2	MHILE NOT WH	IILE RK							93.				
		22a.1 certify that (1)				Apri.	1 28	_, 19_79	, toJu	ne 21	0	1985	that (I)	(we) lost
		saw the decease	ed alive ar	June 2	0 19_8	35, 01	nd that in (my	(aur) apinion a	death accurred	an the d	ate and hour	ond from the	couses	stoted
		226. SIGNATURE.	- i	of view the body	offer deoffi.		DEGREE				13.71	22c. DATE	SIGNE	D
		Car	1	1- lou	waren	,		ATTENDING PHYSICIAN	MEDICAL	STA	FF CLANIC	6-20	0-19	85
-	=0	226 PHYSICIAN'S NA	AME (TYPE)		- vaccin		22e ADDRES		DIRECTOR] PHYSIC	IAN [1 0-2	J- 19	.05
				Houmann,	M D				h	a 1	Direct	-1- M	J 0	0727
								Queens			rivera	are, M	1. 2	20737
		URIAL, CREMATION,	REMOVAL	23b. DATE	23€ ト	NAME OF C	EMETERY OR	CREMATORY	23d LOCAT	NON R TOWN		COUNTY	-53	STATE
		Burial		June	22,1985 I	Ft. L	incoln	Cemeter	Bren	twood	d. P.G		O MA	97
	24 FU	INERAL DIRECTOR			ADDRESS			250. DAT	E-REC'D. BY RE	SISTER	25h REGIST	RAPPINENTA		
	T	Canabla	one I	2 TT TD A		211.	163	36	MAD	JUU	7			

DHMH - 16 50M 4/83 (VRA 15, 4)

Gasch's Sons F.H. P.A. Hyattsville, Md.

BP.

retained by the haspital or attending physicia



18	94071		Items 1 FOR STATE REGISTRAR	8-22a		DEPARTMEN	TOF HEALT	MARYLAND H AND MENT CERTIFICAT	()	ATH	8 G. NO.	0 3	5
	w	1. DE	CEASED NAME E OR PRINT)	FIRST	a b	WIDDLE		LAST Thoret		20. DATE KNOW OF ESTI DEATH MATE	VN X MONTH	O.E.	AR 25 HOUR
	RECTOR RECTOR R FILES HOUR STREET	3. SEX		Rober	5. DATE OF BIRTH	YEAR L	GE (IN YEARS IF U		NDER 24 HRS	24 DATE PRONOUNCED	монтн	DAY Y	85 A HOUR 10:4
	SESSARY SE YOU SE YOU	7a B	Male RTHPLACE (STAT REIGN COUNTRY)	Black	2 6	AT COUNTRY	35 YRS.	RIED NEVER A	MARRIED []	9. BALTIMORE C	GITY OR COUN		85 10 <u>÷</u> 4
	SAN		Labama TY OR TOWN OF	DEATH	11. NAME OF HOS		G HOME, OR OT			Prince SUAL OCCUPATION	N TYPE OF WORK	126. KIND O	F BUSINESS
	SER PATE		con Hill	IN NURSING HOME	802 Maur	y Ave.			Se	curity Gu	lard	Secus	rity
. 21201	NA STATE OF	130, 5	aryland	Prin	ce George	Oxon	TOWN	YES NO	115? 13e ST	REET ADDRESS 802 Maury	Ave.	Apt.	21
ALTIMORE, MD.	1230	JALL	Joseph		Nathan		hort		lia	Bel		Wa.	Lker
ALTIMO	AFTER PACES IN FORM	16a. V	VAS DECEASED E ES, NO, OR UNKNOWN Yes	VER IN U.S. AR	MED FORCES? WAR OR BATES!		SECURITY NO. 4-1145	Delori		t 10B lon	RESS LOW		labama neffiel
N ST. B	HOURS NG WII NG WII NE.			H WAS CAUSE	ly one couse per line D BY: TE CAUSE (a)		Myopath	У					MATE INTERVAL DNSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	WITHIN 24 ENCIL IN ITE MINER ALD TRANSIT PE TRAL HYGIE OR REMOVE		gave rise	if any, which to immediate oting the under-	DUE TO, OR	AS A CONSEO							
RDS, 201	XECUTED VG. IN P. CAL EXA BURIAL AND ME. MATION,		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
TAL RECO	HOULD BE EX RD "PENDIN HIEF MEDIC USED AS A BOOK HEALTH ARITH ARITH ARITH ARITH ARITH ARITH CREW	CERTIFICATION	19a. DATE OF O	PERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTO	
ONOFV	THE WOOD THE COULD BE WITH THE		21a EXTERNAL O UNDERLYING CONTRIBUTING			MONTH DAY	Y YEAR 21c. H	OW INJURY OCC	URRED (ENTE	NATURE OF INJURY IN IT	TEM 18 PART 1 OR P	YES X	NO [
DIVISIO	WARDED 1 WARDED 1 PAGE 3 SH TATE DEPA	MEDICAL	21d. INJURY OCH WHILE AT WORK			OF INJURY (AT ORY, FARM, ETC.)	HOME, 21f LC	OCATION STREET		CITY OR TOWN	Cr	DUNTY	STATE
	XAMINER: ERTIFICATE ID BE FOR VIRECTOR: WITH THE S ARYLAND,		22a. I certify death resulted		ral couses ,	cribed abave, h	eld on Auto	1		Inquiry ,	and in my o		
	MEDICAL E ECUTE THE GE 4 SHOU FUNERAL DE FUNERAL DE FUN		SIGNATURE		garita A.	Korell		11		St., BA1	to., MI		
07/84	BACTOR BATER	23a. Bi	URIAL, CREMATIC PECIFY) Bur	ON, REMOVAL 2		23c. NAMI	of CEMETERY C	OR CREMATORY	23d. L	OCATION YOR TOWN Deffield,			
25M	DHMH - 17 (VR A15 ME (5))		NERAL DIRECTO		l Service		erstown,	25a. D		Y REGISTRAR 25b.	REGISTRAR'S	SIGNATURE	

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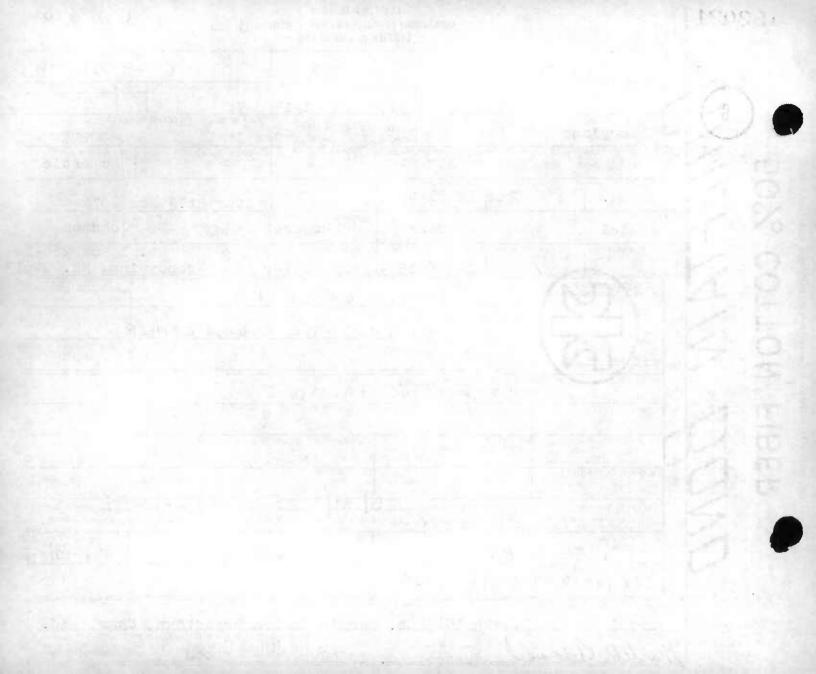
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DIVISION OF VIT AL RECORDS.

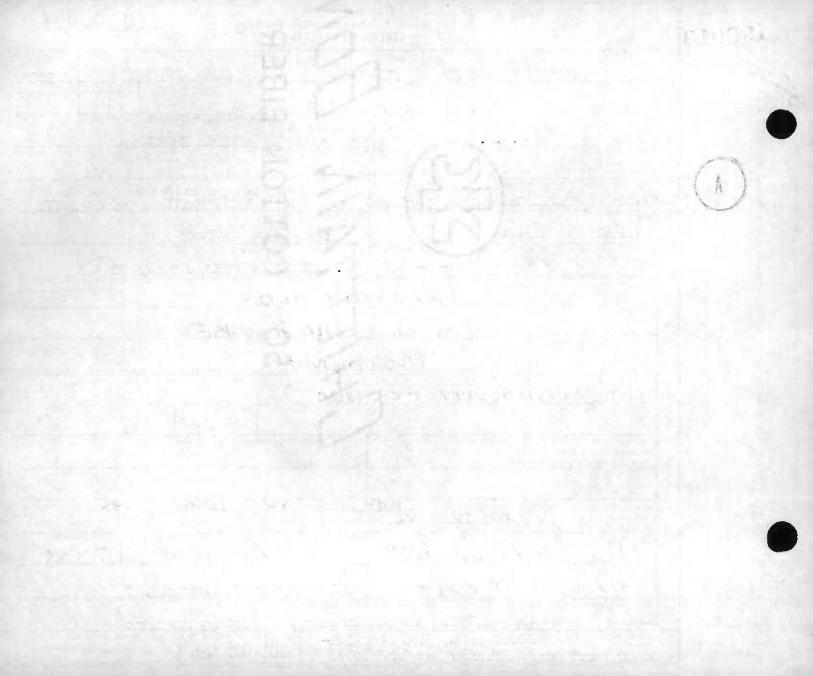


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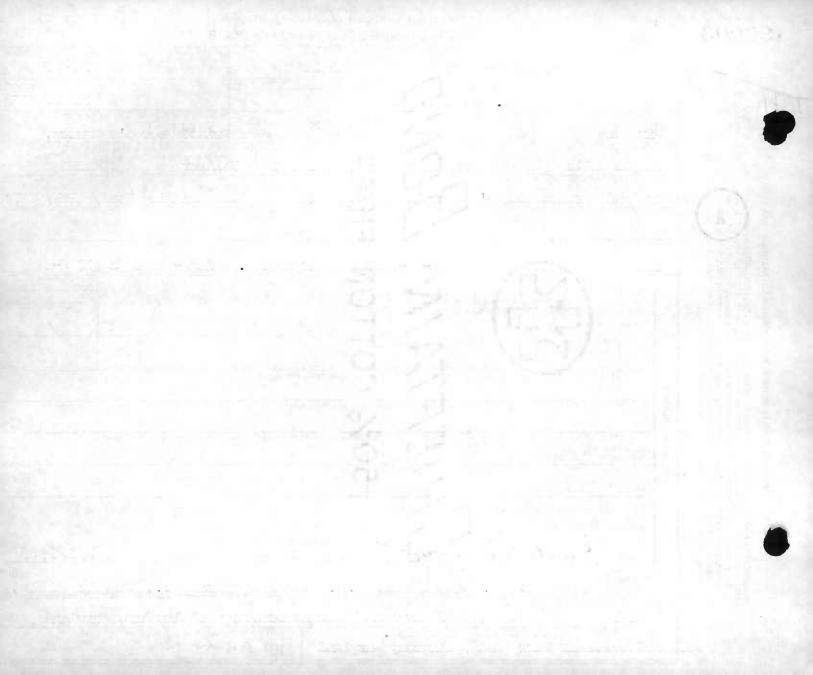
DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

3

1900	13	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		8031
			CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1 11	raio.	11111	MYRTI	E OLIVIA	SLAPPEY	JUNE 30,	1985 5 30PM
9 8		3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 00			Female	White	June 27, 1897	EAR 88 y	RS. HOURS MIN.
Pog dire	8 0		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	9 BALTIMORE CITY OR COL	
eoth.	127		V YORK	U.S.A.	WIDOWED DIVORC		CE. MD.
P 2 E		10. €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OF OTHER INSTITUTI	ON 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
s of	24	CI	EVERLY	PRINCE GEORGE	GENERAL HOSPITA	AL HOMEMAKER	INDUSTRY N/A
24 hour)	13a	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 134 CITY OR TOW CEGEORGE UPPERMA	N 134 INSIDECTIVII	MITS? 13e STREET ADDRESS / ZIP	
orthic 2	l id	14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAI	DEN NAME MIDDLE	(AST
ba aldm	100		ALFRED I	BOWERS	SARAH	JEFFREY	(A3)
d co			VAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS	
n ond c	medico	· '	YES NO RUNKNOWN) (IF YES &IV	139-22-	8607 MRS. SHIP	RLEY KNUDSEN, SAME	AS 31 #13
ote b	t, the		18 CAUSE OF DEATH (Enter on	ily one couse per line for (a), (b), on D BY	d (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
refic g phy on po	even			TE CAUSE (0) /165 P	INATOMY K	MNGST	
h ce	otic			DUE TO, OR AS A CONSEQU	ENCE OF		
deo otte	E O O O		Conditions, if ony, which	(b) CIMU	me usu	11567356	
hot the by the ose rem	otherti		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF MIM	A	
gned n ple	٧, ٥		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
The The	2	ON	Consono	MSCUMM K	recipian		
beer rmit.	6 7	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
he lon.	3	CERTIFICATION				YES NOW	YES NO
hysic rons rons	18 5		210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	LIGHT A LA LACTURE D	21c HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
g pl g pl g pl	te 7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	din.	19		
G PHYS offendin ler this c	ked or 1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
or Africa	8		22a I certify that (1) (this hospit	tal) attended the deceased from_	1919 19	80 to JVM	
TTEP pitol TOR for c	21 1	M	sow the deceased alive on above (I) (we) (did) (did no	t) view the bady after death.	ond that in (my) (our)	opinion death occurred on the date on	hour and from the causes stated
hos hed	te de		22b. SIGNATURE	no a	DEGREE		22c. DATE SIGNED
the the letter			Mula	Meade	M ATTEN	DING MEDICAL STAFF	7-181
SPIT d by NER be d	ZY /		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		
etoined TO FUNI should by	MPORTAN		Neu /	1, Meake	6501 Lan	dover Rd, Cheverly	,Md
D = 54.3	3 3		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREM		
BP			BURIAL	July 3,1985 Oa	akwood Cemetery	Islip, New 1	COUNTY STATE
DHMH - 16 60/	M 7/84	24 FI	UNERAL DIRECTOR LEE F	UNERAL HOME66		25a. DATE REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
(VRA 15,			ander Ferry Roa	d, Clinton, Mary	land 20735	JUL 0 5 1985	a wandson-Handake



	0000	1.	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 8									0	3 8	3	
1.3	0003	1	REGISTRAR		ME	DICAL	EXAMINE	ER'S C	ERTIFICATE	OF DEAT	REG.	NO.			,
			CEASED NAME	FIRST		WIDDLE			LAST	20	OF ESTI-	X MON		YEAR	2b. HOUR
	3838 V			Darre	211	Gum			Smith		OF ESTI-		6 30	, 85	M
H	TOT OF D	3 SEX		4. RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	S IF UN			. DATE RONOUNCED	MON	TH DAY	YEAR	2d HOUR
TOU	SAN SAN	M	ale	White	Oct. 24,		62 YRS		DAYS HOURS	MIN PI	DEAD		6 30	, 85	9:13b
	34 F 105	7a. B	RTHPLACE (ST	ATE OR	76. CITIZEN OF W	HAT COUN	ITRY?	MARRI	ED NEVER MARI	RIED 9	BALTIMORE CITY	Y OR COL	JNTY OF DI	EATH	
-	西京のと	V	<i>irginia</i>		USA		-	WIDOW		CED P	rince Geo	orge!	s Cou	nty,	MD.
	SHOES O	10. C	TY OR TOWN	OF DEATH	11. NAME OF HOS			OR OTH	ER INSTITUTION	12a. USUA	LOCCUPATION (TYPE OF WO	RK 12b KIN	D OF BUS	
	PAGE PAGE SE FILED		emple H		3055 Br	ink1	ey Roa		Apt 201		inter		MET		
5	AND STORES		AL RESIDENCE TATE	113b. COUN	OR OTHER INSTITUTION, G		OR TOWN	٧)	13d INSIDE CITY LIMITS?	II3e STREE	T ADDRESS		. 00		
BALTIMORE, MD. 21201	名を 型 立 数 ()	Ma	ryland	Prince	George's		ole Hill	Ls	YESXX NO	305!	5 Brinkle	y Ro	ad, #	201,	20748
WD.	A 3,2	14. F/	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S MAID		MIDDLE			AST	
E,	A S a S >	Re	ddinata	on Smith					Mary C	-um	7110000				
IMO	AFTER DE PAGES 11	160 V	VAS DECEASED	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY	NO.	17. INFORMANT		ADDRE	SS			
ALT	JRS AFI B. GIVE WITH F T. PAGE DIVISIG	Y	es	WII		579-	38-506	7	Margaret	E. S	mith - Sa	ame A	s #13	A-E	
	WIT. PIN.	11			ly one cause per line	for (a), (b)	, and (c).)		-			v. v.	APF	ROXIMATE FEN ONSET	INTERVAL AND DEATH
N N	24 HO ITEM IONG PERM SIENE VAL.	100	PARTIDE	ATH WAS CAUSEI	TE CAUSE (a) Ca	rcin	omatos	sis					00 111	ELIT OTTGET	
PRESTON ST.,	ZZKEFQ		300	1	DUE TO, OR	AS A CON	ISEQUENCE O	F							
2	AANS AANS AANS AANS AANS AANS AANS AANS			is, if ony, which	(b)										7
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. 20	SALEX		lying coo	se 1031.	(c)		9 114								
DIVISION OF VITAL RECORDS, 201 W.	m Z U . + S	z	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	DUT NOT RELA	TED TO THE TERMIN	AL DISEASE	OR CONDITION GIVEN IN P	ART 1 to					
E	MEDI MEDI AS A EALTH	CERTIFICATION	19a DATE OF	OPERATION	IIII CONDI	TION FOR	WHICH OBER A	TIONING	AS PERFORMED?				1		
₹	SHOUL OND "I CHIEF F USE URIAL	5	THE DATE OF	OT EXPLICIT	178 CONDI	IIOI4 FOR	WHICH OFERA	TION W	AS PERFORMED?					JTOPSY?	37
5	NATURE OF THE PROPERTY OF THE	E	21a EXTERNA	L CAUSE WAS	21b. TIME O	INTIDV		Tale un	OW INJURY OCCURR	S.D. JANES				s 🗆	NO 🔯
ō	CATE SHE WORLD BE CHULD BE CHU	10		OR NG CAUSE OF I			DAY YEAR	Zit. Tic	W II 430K F OCCORR	ED (ENIEKNA	TORE OF INJURY IN TIEM	IB PART I OF	KPART 2)		
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	HANA AL		AT WORK	AT WORK											
	MA COM HO		22a. 1 certif	y that I toak charg	ge of the remains des	cribed obo	ve, held on	Autops	y , Inspection	on .	Inquiry X.	ond in my	opinion		
	A LANGE BELLEN		death resulte	ed from: Natur	rol couses 4.	Accident	L, Suice	de 📙	, Hamicide	Undeter	mined monner],			
	WAN WAR		ACTUAL	Acoust	XX		-		TITLE (SPECIFY)				/		
	A H A A H		SIGNATURE	pegusi	1. 1000	you	X .	M.	Deput	MEDIC	AL EXAMINER	SIG	NED 7/	1/19	
	MODE NO DE		EXAMINER'S	NAME.	1 . 6	/. () (T				-			Md
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC BAGE A SHOULD BE FOUNERAL DIRECTA AFTER DEATH, WITH TIR BALTIMORE, MARYLAI	-	(TYPE OR PRIN		STO P. (THE RESERVE OF THE PERSON NAMED IN			DDRESS 5009			. Te	mple	Hil	ls,
		23a B	urial, cremat Pecify) Burial	ION, REMOVAL	Taller 2		IAME OF CEMI			23d. LOC CITY OR	TOWN	1.	OUNTY	STA	TE
07/84 25M	BP		JNERAL DIREC	TOP TOO	Funeral	HOME!	The	ı ve	terans Cem	-	Chelter EGISTRAR 256. RE				
	DHMH - 17 663	3 0		kander Fe	erry Road,	Clir	ton. Ma	arvl					SSIGNATU		



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1				STATE OF MA	RYLAND			0 0	10
1.	FOR STATE REGISTRAR		DEPARTA			0 0	NO.	8 0	41 0
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	Hele		Doyle		er	June 4.	1985		10:45RM
			•		DAY YEAR	6. AGE (IN YEARS LAST I			HOURS MIN.
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CI	-INTON	SOUT	CH FACILITY, GIVE STREET	Md Ho	JATIGAL	TYPE OF WORK FOR MOS	T OF WORKING LIFE)	INDUSTRY	
13a.	STATE 138 C	OUNTY	13c. CITY OR TOW	ADMISSION)	IDE CITY LIMITS?	13e.STREET ADDRESS	3 / ZIP CODE		
1		arles	Waldor		- 27		zerness	Cour	ct 2060
1	FIRST	WIDDIE	LAST		FIRST	MIDDLE		LAST	
1160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	_				RESS		
1	YES, NO OR UNKNOWN) (IF YES		N. A			Ignter		. 12	
H			*		odiiura 1	JOWIY S	same as		MATE INTERVAL
			CARDTE	PILL	10 MARY	EAT	URE	BETWEEN	NSET AND DEATH
	IMMEI			V	() () ()	100			
1	Conditions, if any, which			IC OB	STRUC	TIVE L	UNG-		
	couse (a), stating the	DUE TO, C	DR AS A CONSEQUE			DIS	EASE		
NO	PART 2 OTHER SIGNIFICAL SEVERE	NT CONDITIONS C	ONTRIBUTING TO E		LATED TO THE TERM		0 -	N IN PART 1:0	,
FICATI	19a DATE OF OPERATION	19b. CONE	TION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, V	NG CAUSES	OF DEATH?
ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME (OF INJURY	21c. HC	OW INJURY OCCUP			the said	NO []
		DEATH		Y YEAR					
EDIC	21d INJURY OCCURRED	21e PLACE	OF INJURY	21f LC		CITY OR	TOWAL	COUNTY	STATE
8	WHILE NOT WHILE AT WORK	(AT HOME, SI	REET, FACTORY, OFFICE, F	RM ETC)	SIREEL	CITYOR	IOWN	COUNTY	SIATE
	220.1 certify that (1) (this h	ospitol) ottended ti					19		that (I) (we) last
	sow the deceased alive above, (1) (we) (did) (did	d not) view the body	after deoth.	, and that is	(my) (our) opinion	death occurred on the	date and hour a	nd from the c	auses stated
	22b. SIGNATURE	1	-372	De DEGREE	ATTEMPINE	MEDICAL ST	455	22c. DATE S	SIGNED
	V, T	muca	8		- THISICIAN [DIRECTOR PHYS	ICIAN [16-	2-07
	V. ANM+	1	UDLA	ZZe AL	CLIN'	TON WOO	DYAR	2073	35
23o	BURIAL, CREMATION, REMO	VAL 23b. DATE	23(. 1	AME OF CEMETER	OR CREMATORY	23d. LOCATION		CIBITY	STATE
	Burial	6/7/8	S5 Ce	dar Hill	Cemete	ry Suitla	and. PR) MD
24. F	UNERAL DIRECTOR		ADDRESS		25	N 100 1995	BISTARECEDO	STATE OF THE PARTY	The second
H	intt Funera	l Home,	Waldorf	, MD			4		
	1. DE (TYPE) 3. SE F. (10. C L L L L L L L L L L L L L L L L L L	1- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Hele: 3. SEX Female 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia 10. CITY OR TOWN OF DEATH CLIVOR MD FATHER'S NAME FIRST 160 WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME! Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAL SEVERE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM AT WORK 220. I certify that (1) (this h sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (T) 230 BURIAL, CREMATION, REMOVE (SPECIEV) BURIAL 24 FUNERAL DIRECTOR NAME	1. DECEASED NAME (TYPE OR PRINT) Helen 3. SEX Female Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Vinginia 10. CITY OR TOWN OF DEATH 11. NAME OF CHAPTER 130. STATE MD MD FATHER'S NAME FIRST NO 18. CAUSE OF DEATH 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) NO 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) OUE TO. C. Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTE WEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING HOUR A HOUR A LINCOKE WHILE NOTE WEDICAL EXAMINER) 210. I Certify that (1) (this hospital) ottended the sow the deceased alive on above, (1) (we) (did) (did not) view the body 220. I Certify that (1) (this hospital) ottended the sow the deceased alive on above, (1) (we) (did) (did not) view the body 221. SIGNATURE 222. SIGNATURE 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 6/7/8	The corporation of the property of the conditions, if any, which gove rise to immediate couse for immediate couse (s), storing the underlying couse lost. Conditions, if any, which gove rise to immediate couse (s), storing the underlying couse lost. Conditions, if any, which gove rise to immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions immediate couse (s), storing the underlying couse lost. Conditions contributing to put to, or as a conseque couse (s), storing the underlying couse lost. Conditions contributing to put to, or as a conseque lost. Conditions contributing to put to, or as a conseque conditions contributing to put to, or as a conseque lost. Conditions contributing to put to, or as a conseque lost. Conditions contributing to put to, or as a conseque lost. Conditions contributing to put to, or as a conseque lost. Conditions contributing to put to, or as a conseque lost. Conditions contributing to put to, or as a consequence lost. Conditions contributing to put t	DEPARTMENT OF HEALTH REGISTRAR 1. DECEASED NAME 1. DECEA	The state registrar restriction of the path restrictio	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR DECEASED NAME DOVID SITURD OF PRACTICATE OF DEATH HELEN DOVID SITURD OF PRACTICATE OF PRA	FOR STATE STATE STORE STATE STATE	DEPARTMENT OF HEALTH AND MENTAL HYGENE SEG. NO. I. SERGISTAR I. DECEASED NAME 1981 MODEL 1031 S. DATE OF BRITH DOYLE S.DATE OF BRITH J. SER. I. AGE (IN MAD 14 19.85) J. SERGISTAR I. DECEASED NAME 1981 J. SERGISTAR I. DECEASED NAME 1981 J. SERGISTAR Helen Doyle S.DATE OF BRITH J. SERGISTAR I. DOYLE S.DATE OF BRITH J. SERGISTAR I. DATE OF BRITH J. SERGISTAR J. SERG

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death o

ATTENDING PHYSICIAN The law requires that the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

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	REGISTRAR				CERTII	ICATE OF	DEATH		REG. NO).		
	CEASED NAME E OR PRINT)	FIRST EMILY	MIDD	OLE .		RELL		2a. DATE OF		06 10	85 YEAR	7 25AM
3. SE	emple		race Wh.	te		OF BIRTH	1918	6 AGE (IN YE	ARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7a. B	IRTHPLACE (STATE OR COUNTRY) MARYLA	nd	CITIZEN OF WH	7	MARRIE	ED 🚺 [MARRIED	9. BALTIMOR PRIN		COUNTY	OF DEATH COUNT	Y MD.
A.	CHEVERLY	P		EORGES	GENER			1//		WORKING LIFE	MDUSTRY	OF BUSINESS OR
) h	AR YLAND	136 COUNTY		GITY OR TOV		YES 🗌	NO IN	130 STREET A	8 0	ZIP CODE	Silver:	Spring ina
VE	ather's NAME - dward	MI3		17	11_	SAC	PRET E	TA	MIDDLE VIOLE	6	17	111
160	WAS DECEASED EVER	IN U.S. ARME (IF YES, GIVE W		13-14	-6730	17, INFORM		m. 5	ADDRE	Re1	1LA	urel m
	18 CAUSE OF DEAT PART I, DEATH W	H (Enter only of AS CAUSED B IMMEDIATE (Y;	e for (a), (b), a	ind ic .i	an	est.				BETWEEN	(MATE INTERVAL ONSET AND DEATH
Z	Conditions, if any gove rise to imm cause (a), statir underlying cause	mediate ing the s last.	DUE TO, OR AS	S A CONSEOL	UENCE OF	Zerbo NOT RELATE	ED TO THE TERM	C A	OR COND	DITION GIVI	EN IN PART 1	(a
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDITIO	ON FOR WHIC	H OPERATIO	ON WAS PERF	ORMED	20a AUTO	PSY?	IN CERTIF	, WERE FINDE	
	210 ACCIDENT WAS UNI	CAUSE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.	MONTH (DAY YEAR	21c. HOW	INJURY OCCUR	RRED (ENTER NAT	URE OF INJUR	IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	21d. INJURY OCCUR WHILE NOT WE AT WORK	HILE	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE	, FARM, ETC)	211 LOCAT		ďď,	CITY OR TOV	IN	COUNTY	STATE
	220.1 certify that (1) sow the deceas above, (1) (we) (ed plive on		19_			y) (our) opinion	death occurred	l an the da			that (I) (we) lost causes stated
	12% SIGNATURE	10.	7.7	treen	R	MO	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF PHYSICI		- 22c. DATE	SIGNED /16/55
-	PHYSICIAN'S N.	AME (TYPE OR PR	MILL	1		22e ADDRE	SS	7		/	,	4
	DENOP!	5 /	· Fra	enle 1	nD	1	1408/	2. Dr	the Ballion	Ch	evely	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, th should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. at Health and Mental Hygiene prior ta burial, cremation, or remaval. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

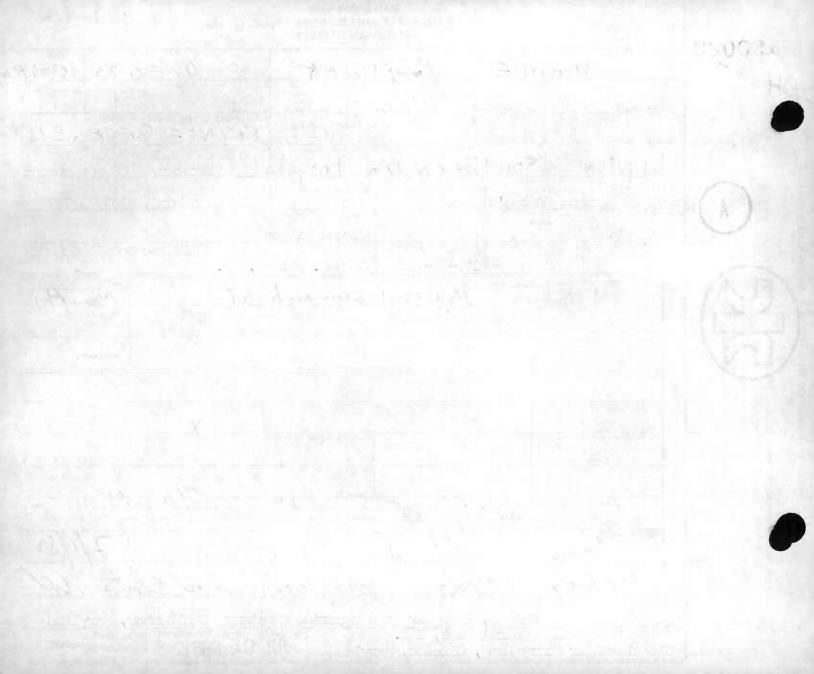
REGISTRAR 256. REGISTRAR'S SIGNATURE

The state of the s

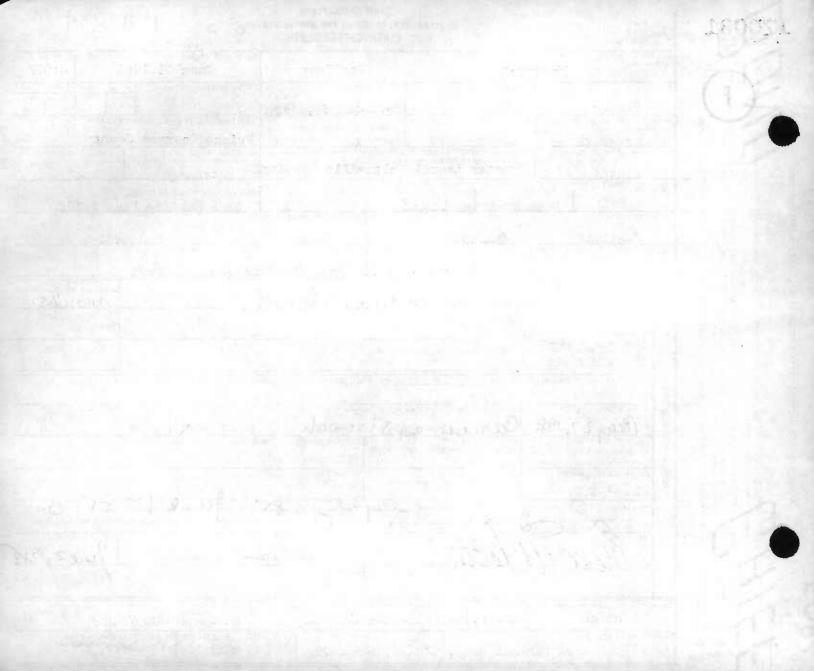
1.84053	1.	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 5	180	4 2			
	I. DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	NTH DAY YEAR	12b HOUR			
e e e		E OR PRINT)		OUT E						
poge 3	3. SE	x Rebe	cca Frasier S	OULE 5. DATE OF BIRTH	June 19, 19		11:12pM			
oge 4 urs offi		FEMALE	WHITE	JULY 7, 1904	80	MONTHS DAYS				
rold d		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH				
den thun	-	ST VIRGINIA	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	Prince geor		MD. OF BUSINESS OR			
5		anham	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS]	(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY				
25	USU	AL RESIDENCE (IF NURSING HOME OF	Doctors Hospit	E ADMISSION)	Homemaki		OME			
AND AND	MA	TRYLAND P.G		YES NO	9300 ELMON	ISTON Rb.	#103 2077			
ARY with	14. FA	ATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA	MIDDLE	LAS	ST			
Cuted Com	16n V	VAS DECEASED EVER IN U.S. AR	MONN RMED FORCES? 166. SOCIAL SECU	IRITY NO. 17 INFORMANT	UNHN. ADDRESS	DW N				
BALTIMORE, MARY er to PMD one be executed with sicion and complete ppers. Pages, Lond 2 vol. 1, the medical examin		YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)	1 1 1			- 10 # 17			
ALTI.			IONE UNKNOC		DOULE (HUSBA	APPROX	(MATE INTERVAL ONSET AND DEATH			
e		PART I. DEATH WAS CAUSE	TE CAUSE (a) Acuta	Myorandial	in-farction	BETWEEN	ONSET AND DEATH			
W. PRESTON ST A. T. EXAMT In the deoth cert or the ottending pare remove corbon cremotion, or rer other troumotic ev		WW.	DUE TO, OR AS A CONSEQUE	ENCE OF	1		7-2			
EX deor		Canditians, if any, which	/	spence Shock	2					
A. P.		gove rise to immediate couse (o), stating the underlying cause last								
ica rhot es thot es thot pleose uriol, c										
	N	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 110	a-			
Released by Med ING PHYSICIAN: The low require offending physician. Wifer this certificate has been sign as the buriol-transit permit. Then the and Mental Hygiene prior to be orked or them 18 shoes any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDIN	NGS LISED			
by The lo	TIFIC					CERTIFYING CAUSES	OF DEATH?			
VIT VIT I Hysici Physici Physi	CER	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN					
A S S S S S S S S S S S S S S S S S S S	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	*****	19						
PHY PHY PHY This this he bu	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE F	ARM EIC) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
Re After After Onrke		AT WORK AT WORK		11100 10 -05						
TEND tolo OR OR THeo		22a. I certify that (I) (this haspi saw the deceased alive on	tol) grended the geceased from-	85 June 19 19 85	June 19	19 85	that (I) (we) lost			
hosp hosp hed feept. o		abave, (1) (we) (did) (did no 22b. SIGNATURE	ti view the bady after death.	, and that in (my) (aur) opinion of	death occurred an the date of					
0 0 0 0 0		Him	ias y Ka	ATTENIDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED			
SPITA SPITA SPITA SPITA NERA Pe do de		22d. PHYSICIANS NAME ITYPE O	PR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN	0//	4/25			
TO HOSPITAL retoined by th TO FUNERAL should be den with the Store		Thomas Y. Ko,	M.D.	9131 Piscataw	ay Road, Clin	nton, Md. 2	20735			
5 € 5 € 3 5 + + -	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c N	JAME OF CEMETERY OR CREMATORY	23d LOCATION					
BP		LEMATION	JUNE 21,1985 CH	HAMBERS CREMATOR	Y RIVERDALE	PG CO. A	LARULAND			
DHMH - 16 60M 7/84		INERAL DIRECTOR	ADDRESS	25a DATI	REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNAT				
(VRA 15, 4)	C	HAMBERS FUNER	AZ HOME RIVERI	ALE MA	111 04 4000	10. 2.	A.m.			

1830131 The Mark Bridge was the same of the same o

	1.	FOR STATE	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI	ENE 8 5	180	43
000		REGISTRAR		CERTIFI	ICATE OF DEATH	REG. NO	D.	
022		CEASED NAME FIRST	MIDDLE	2 5 0	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
1		INA	MIE D	SP	WAK	0	6 30 85	(0:30mg
	3. SE	(4. RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	HOURS MIN.
0		Female	Caucasian	Apri	1 14, 1933	52	YRS	
2 974	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
90		rth Carolina	USA	WIDOWE		PRINC	E GEOR	36 E 46
1 324	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12b. KIND (F WORKING LIFE) INDUSTRY	OF BUSINESS OR
26		TINION	POUTherr	1 m	d tospil	- Secre	tary US G	overnment
	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
1		yland Prince (George's Suitla	nd	YES X NO		Road, #103,	20747
^/		THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	LA	ST
110		ohn Bland			Irene Lilley			
0 % A		VAS DECEASED EVER IN U.S. AI	VE WAR OR DATES)		17 INFORMANT		82 Mc Dowel	1 Common
P = 1		Yes Kon	cea 237-46-2	2244	John M. Spiwa	ak, Jr.		XIMATE INTERVAL
e affending prince contain a contain or contain or contain from of the contain or contai			nly one cause per line far (a), (b), a ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQU	rough	Irang-mete	5/0/2	/4.	unths
signed by the hen please rer a burial, crem jury, ar ather	N.	couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM!	nal disease or con	DITION GIVEN IN PART 1	(a)
nit. T	ATIC	190 DATE OF OPERATION	196, CONDITION FOR WHICH	H OPERATION	NI WAS DEBEODATED	To a serious	1	
	문				N WAS PERFURMED	200 AUTOPSY?	206. IF YES, WERE FIND	INGS USED
ws p	_				N WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
ansit pern tygiene p 8 shaws a	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURRI	YES NO NO	IN CERTIFYING CAUSE YES RY IN ITEM 18 PART 1 OR PART 2)	NO NO
rificate has baltransit permital Hygiene pim 18 shaws a	AL CERTIFICATION	OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D			YES NO NO	IN CERTIFYING CAUSE YES	S OF DEATH?
is certificate has burial-transit perm Mental Hygiene p ar Item 18 shaws a			21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY	19	21c HOW INJURY OCCURRI	YES NO NO	IN CERTIFYING CAUSE YES THE TERM IS PART LOR PART ?)	S OF DEATH?
rentition of the literal	MEDICAL CERTI	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH D	19	21c HOW INJURY OCCURRI	YES NO NO	IN CERTIFYING CAUSE YES THE TERM IS PART LOR PART ?)	S OF DEATH?
urial-tr iental Item		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MÉDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19	21c HOW INJURY OCCURRI	YES NO NO	IN CERTIFYING CAUSE YES THE TERM IS PART LOR PART ?)	S OF DEATH? NO STATE
urial-tr iental Item		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 120.1 certify that (1) (this hasp saw the deceased alive at the control of the contro	21b. TIME OF INJURY ATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	. FARM, ETC.)	211 LOCATION STREET	YES NO X	IN CERTIFYING CAUSE YES PYINITEM 18 PART 1 OR PART ?} WN COUNTY	S OF DEATH? NO
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DIRECTOR: After this certificacided for use as the burnal-the Dept. of Health and Mental If Hem 21 is marked or Hem 1		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE Saw the deceased alive at above, (1) (we) (did) (did nature)	21b. TIME OF INJURY ATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19 FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET ATTENDING ATTENDING	YES NO NO NO SET IN THE PROPERTY OF THE PROPER	IN CERTIFYING CAUSE YES PY IN ITEM 18 PART 1 OR PART ?) WN COUNTY ate and haur and from the	STATE STATE that (I) (we) last e causes stated
DIRECTOR: After this certificated for use as the burial-the Dept. of Health and Mental If Hem 21 is marked at Hem 1		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE Saw the deceased alive at abave, (1) (we) (did) (did natabuse.	21b. TIME OF INJURY ATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19 FARM, ETC.)	21c HOW INJURY OCCURRI 211 LOCATION STREET 19 19 10 d that in (my) (our) apinian d	YES NO X ED (ENTER NATURE OF NATUR CITY OR TO	IN CERTIFYING CAUSE YES PY IN ITEM 18 PART 1 OR PART ?) WN COUNTY ate and haur and from the	SOF DEATH? NO
UNRAL DRECTOR: After this certiful to be detached for use as the burial-the Siote Dept. of Health and Mental NRANT: If Hem 21 is marked an Hem 1		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AI WORK AI WORK 220. I certify that (I) (this hasp saw the deceased alive ai abave, (I) (we) (did) (did in 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, bital) attempted the decreased fram. Daily view tike bady after death.	19 FARM, ETC.)	211 LOCATION STREET 19 4 that in (my) (our) apinian d PREE ATTENDING PHYSICIAN	YES NO NO NO SET IN THE PROPERTY OF THE PROPER	IN CERTIFYING CAUSE YES PY IN ITEM 18 PART 1 OR PART ?) WN COUNTY ate and haur and from the	SOF DEATH? NO
kral Dike Look after this certificated for use as the burial-the detached for use as the burial-the Copy, of Health and Mental DIVI. If them 21 is marked at them 1	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK (I) (We) (did) (did in 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (179)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, bital) attempted the decreased from, attypically view the body after death.	19 FARM.EIC)	211 LOCATION STREET 211 LOCATION STREET 19 10 that in (my) (our) apinian d PREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO X. ED (ENTER NATURE OF INJUIL CITY OR TO CITY OR TO MEDICAL STAI DIRECTOR PHYSIC YES NO X.	IN CERTIFYING CAUSE YES PY IN ITEM 18 PART 1 OR PART ?) WN COUNTY ate and haur and from the	SOF DEATH? NO
Overage in the Control of the Contro	WEDICAL MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (this hasp saw the deceased alive at above, (I) (we) (did) (did in 22b. SIGNATURE 22d. PHYSICAN'S NAME (1799) BURIAL, CREMATION, REMOVA SPECIFY)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, bital) assembled the decreased from n by view the body after death.	, an	211 LOCATION STREET 211 LOCATION STREET 19 10 d that in (my) (our) apinian d PAREE ATTENDING PHYSICIAN 22e ADDRESS EMETERY OR CREMATORY	YES NO X. ED (ENTER NATURE OF INJUIL CITY OR TO CITY OR TO MEDICAL STAT DIRECTOR PHYSIC 236 LOCATION CITY OF TOWN	IN CERTIFYING CAUSE YES 27 IN ITEM 18 PART 1 OR PART 2) WN COUNTY 3C 19 \$5 ate and haur and from the FIAN 22c 27 COUNTY	STATE STATE that (I) (we) last e causes stated
Overage Direct Oxer sales misself of the bordol's the State Dept. of Health and Mental Oxer State Taylor 1 is marked as them 1	WEDICAL B	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (this hasp saw the deceased alive at above, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICAN'S NAME (1799) BURIAL, CREMATION, REMOVAL SPECIFY) UTIAL	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, bital) attempted the decreased from, attypically view the body after death.	, an NAME OF CI	211 LOCATION 211 LOCATION STREET 211 LOCATION STREET 19 4 d that in (my) (our) apinian d DEREE ATTENDING PHYSICIAN 22e ADDRESS EMETERY OR CREMATORY and Veterans Cer	YES NO X. ED (ENTER NATURE OF INJUIL CITY OR TO CITY OR TO MEDICAL STAT DIRECTOR PHYSIC 23d LOCATION CITY OF TOWN METERY Che	IN CERTIFYING CAUSE YES PY IN ITEM 18 PART 1 OR PART ?) WN COUNTY ate and haur and from the	STATE that (I) (we) last e causes stated STATE STATE Tyland



170031	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES 5	8 0	4 4
	1. DECEASED NAME (TYPE OR PRINT)	FIRST MIDDLE	LAST	20. DATE OF DEATH MON		26. HOUR
		Margaret	Steffens	June 01		4:00P _^
11)	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	HOURS MIN.
1 11/	Female	White	November 30,1895	89	YRS	
(a) 12g a	70. BIRTHPLACE (STATE C	PR FOREIGN 76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	BUE OF
deot deot	New Yor		WIDOWED DIVORCED	Prince Georg		M[
s offer by the f iled with	Laurel	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION VESTREET ADDRESS) rel Beltsville Hospita	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR housewise	RKING LIFE) 12b. KIND O INDUSTRY	OF BUSINESS OR
o in a		IRSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 13b. COUNTY 13c. CITY C		13e.STREET ADDRESS / ZIP		
filled filled mould by	Md		urel YES NO D	8803 Huntin		708
orthir estely 12 sh	14. FATHER'S NAME	MIDDLE	AST PIRST	MIDDLE	S 2000 20	
ond ond	Adelber		Emma.		Scherrer	51
n and comp Pages 1 on	16a. WAS DECEASED EVE (YES, NO OR UNKNOWN)		L SECURITY NO. 17 INFORMANT	ADDRESS	Chortor	
Pog e	no		18 10 2135 Fred Steff	ens same as ab	iove	
eath certificate trending physici e carbonpaper on, ar remaval. umatic event, th	18 CAUSE OF DEATH PART I. DE ATH Conditions, if or	NTH (Enter only one couse per line for (a), WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CON	moma, Jonille	4	APPROXI BETWEEN O	mate interval onset and death
uires that the digned by the an please remail, cremativy, or other tra	gove rise to in couse (a), sto underlying cou	nmediate ting the se last. DUE TO, OR AS A CON	NSEQUENCE OF	MINAL DISEASE OR CONDITIC	ON GIVEN IN PART 11	a ·
law required as been si sermit. The prior to	196. DATE OF OPER 196. DATE OF OPER 216. ACCIDENT WAS U	ATION 196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	, IN	IF YES, WERE FINDIN CERTIFYING CAUSES	
Vs. The cate h consit p Aygier R 8 show	210. ACCIDENT WAS U	NDERLYING 216, TIME OF INJURY	me) (brach	YES NO	YES 🗌	NO 🗌
Ad # 10 PM	00.001//0/0/0/0/0	CAUSE OF DEATH HOUR A.M. MONT	IH DAY YEAR	RED (ENTER NATURE OF INJURY IN I	EM 18 PART I OR PART 2)	
HYSIC nding nis cer burio A Ment	OR CONTRIBUTING [19 21f LOCATION			
		WHILE (AT HOME, STREET, FACTORY,		CITY OR TOWN	COUNTY	STATE
After all alth o	AT WORK AT V		trom Week 200 10 85	- 1000	1 8	
D O O O O O O O O O O O O O O O O O O O	saw the slece	1) this hospital attended the deceased	19 SC and that in (my) (que) apinion	death occupied so the date of	nd hour and from the	that (I) (we) lost
RECT RECT Ppt. o	above (1) (we	(did) (did nat wew the body after death	DEGREE	on the dole of	724_DATE	
he h toche F te	1000	as Ille Kalt	ATTENDING	MEDICAL STAFF	19.	- 105
O HOSPITAL etained by th TO FUNERAL should be deta with the State	22d physical s	Same Girls many Colle	PHYSICIAN (DIRECTOR PHYSICIAN	1 fee	2/178.
TO HOSP retained TO FUNE should be with the SMITA	270 BUDIAL CD544 A*10	L DEMOVAL TOOL CARE	23c. NAME OF CEMETERY OR CREMATORY	123d LOCATION		
BP	1330. BURIAL, CREMATION (SPECIFY) BUrial	June 5,1985	Luthann Cemetery	Brooklyn No	w York	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR	son Funeral Home, 19	Caurel, Maryland 1350 1	TE REC'D BY REGISTRAR 256. F	EGISTRAR'S SIGNAT	URE .



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYCIENG

STATE REGISTRAR		OL!	CERTIFICATE OF DEATH	REG. NO.	
EASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR
OR PRINT)	Edna	M.	Stevens	June 26, 1985	
	A PACE		S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE

1	I. DECEASED NAME	WIDDLE		A31	20. DATE OF DEATH MONTH	DAT TEAR	ZB. HOUR
	(TYPE OR PRINT) Edna	M.	St	evens	June 26, 1985		93- P
1	3-SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White	01		87 YR	MONTHS DAYS	HOURS MIN.
2	7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? . 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
)	Virginia	U.S.A.	WIDOWE	DIVORCED	Prince George	e's Count	Y ME
Ē	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR
10	Cheverly	Pr. Geo. Gen.		& Med. Ctr.	Homemaker		Home
3	USUAL RESIDENCE (IF NURSING HOME OR 13a. STATE 13b. COUN Maryland P. G	ITY I3c. CITY OR 1	BEFORE ADMISSION) TOWN SVILLE	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CO 2600 Queens Cl		
1	14 FATHER'S NAME		msley	15. MOTHER'S MAIDEN NA FIRST Edna		IAS	
	160 WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDRESS A	ddress Sa	me as
	No		8-1678	Dorothy M. V	10000	o# 13 .	
	18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (a), (b) BY: "E CAUSE (a)	rol-Vas	cular Acc	ident	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		DUE TO, OR AS A CONSE	EQUENCE OF				
	Conditions, if ony, which gove rise to immediate	(b)					
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF				
		ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART 110	٥
	o Organic	Brain Sy	,ndro	me, Bed-B	ound S/PQ,	AKA.	
	S 190 DATE OF OP RATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a ACTOPSY? 20b. IF	YES, WERE FINDIN	
	190 DATE OF OPPRATION 210. ACCIDENT WAS UNDERLYING				YES NO	YES [NO [
		216. TIME OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	(IH	19				
	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OF TOWN	COUNTY	STATE

(our) opinion death accurred on the date and hour and from the causes stated

220.1 certify that (I) (this hospital) attended

6/29/85

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED June 27,1985

Stuart J. Turkewitz

NOT WHILE

22e ADDRESS 7500 Greenway Ctr. Dr. # 430 Greenbelt, Maryland

23a	BURIAL,	CREMATION, REMOVAL
	(SPECIFY)	Burial
		DIII I A I

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

Suitland

P.G. Mary land

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached with the State Dept.

MPORTANT: If he

24 FUNERAL DIRECTOR

Gasch's Sons F.H. P.A. Hyattsville, Maryland JUL 02

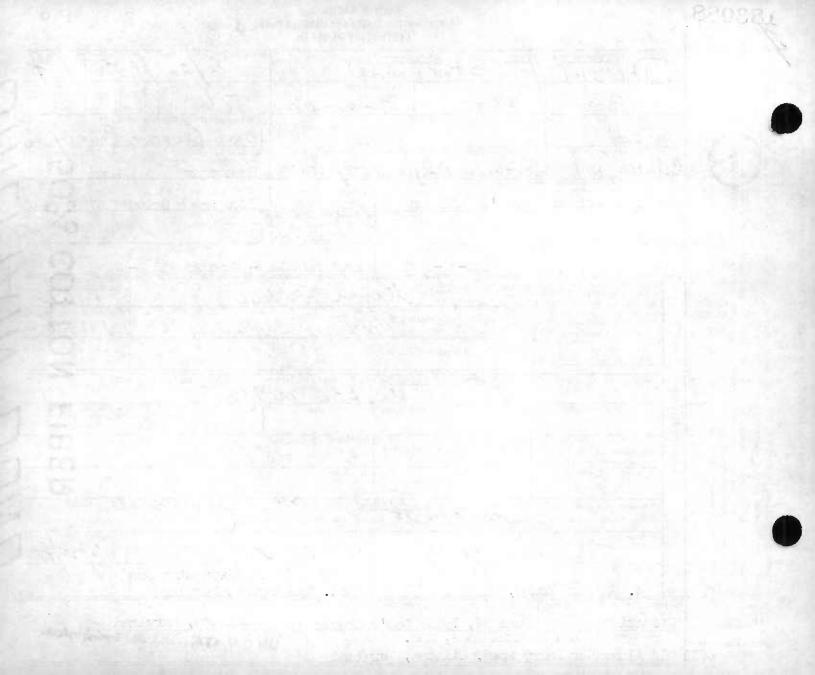
250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

BP

Company of the compan smoll and the second transfer and transfer a DON Briad Locati Wheat Co. 19 At 19-11-2 and the state of t

-	2
	death.
	fter o
201	50
213	hou
2	24
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Personal by the horards or attending observation observations.
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m,	acut.
Q	exe
È	Pe-
BA	cote
10	ŧ
Z	e Ce
STC	eot
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ector.		Female	WI	hite	MONTH	-21-08	76.	MONTHS DATS HOURS MIN.			
Seath. Po	Λ	IRTHPLACE (STATE OR FOREIGN COUNTRY) ew Jersey	76 CITIZEN C	OF WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED T	PRINCE GOOR	1			
or offer of	C	INTON MY	SUTH	SUCH FACILITY, GIVE STREET	ADDRESS)	HOSP CENTA	(TYPE OF WORK FOR MOST OF WORK) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY HOME			
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ond 2		enry Post	WIDDLE	LAST		Mabel Ra	MIDDLE	LAST			
n ond co	16a N		ARMED FORCES S GIVE WAR OR DATES)			17. INFORMANT Carol Schud	er - Same As #1	3 A-E			
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the law records to has been the permit.	CERTIFICATION	196 DATE OF OPERATION	19b. CON	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO			
SICIAN: T ag physici certificate riol-transi entol Hygi them 18 sh		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAL	F DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)			
attending sthe but and M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY STREET FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR FOWN	COUNTY STATE			
Spitol or Spitol or CTOR: Afi Ifar use o of Health		220 I certify that (1) (this has saw the deceased allowed	e on	12 2 2 2 2 2 3 3 5 C 2 3 5 C	85.00	nd that in (my) (our) opinio	on death acc freshin the date and	2, 19 93, that (I) (we) lost hour and from the causes stated			
y the hary the hary and DIRECT		276 SIGNATURE	anha	- young		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED / 22/85			
CO HOSPITA etoined by TO FUNERA should be defended by with the State		J. Sanford		MD			1701 Livingston ington, Maryland				
5 5 € 3 <u>₹</u> —		BURIAL, EREMATION, REMO		23c N	NAME OF C	EMETERY OR CREMATORY		COUNTY STATE			
BP	C	remation	June	24, 1985	Lee'	s Crematory	Clinton, Man				
OHMH - 16 60M 7/84				Home, In		250 D	NINO 7 1985 3 SER	3510481-Harry			
(VRA 15, 4) 663	1	ld Alexander	erry Ros	au, CLINTO	II, Ma	ryland I					



BP DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

Burial

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

6/28/85

236. DATE

23c NAME OF CEMETERY OR CREMATORY

Arlington Nat. Cemetery

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE who Day ason Randell

Arlington

COUNTY

23d. LOCATION

7h HOUR

HOURS

NO F

STATE

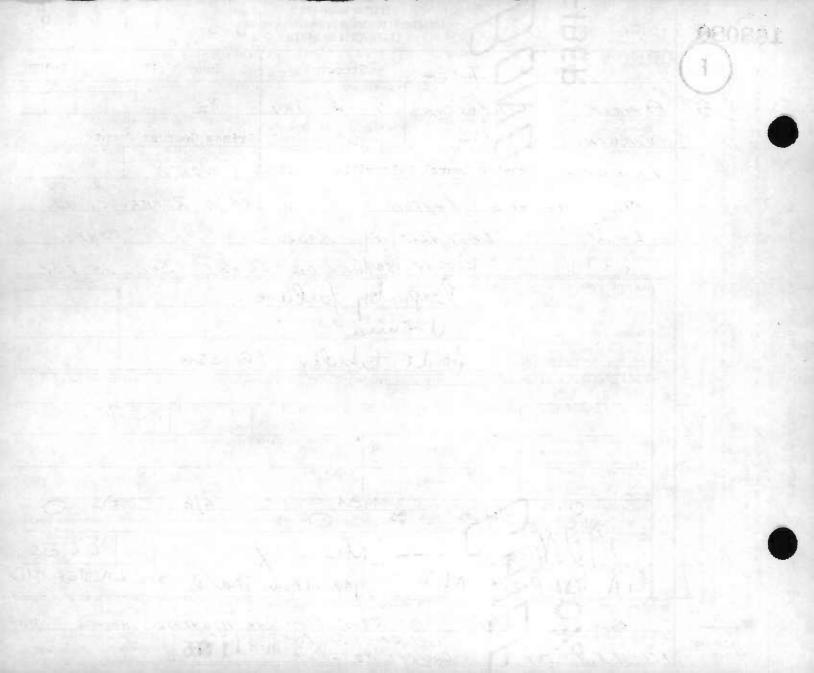
STATE

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UNDER 24 HRS

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- STATE REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

Sullivan

5. DATE OF BIRTH

07

CERTIFICATE OF DEATH

1911

REG. NO

June 18, 1985

BALTIMORE CITY OR COUNTY OF DEATH

20 DATE OF DEATH MONTH

AGE (IN YEARS LAST BIRTHDAY)

	2b.	HOUR
1	7	:30A .M

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So

ed

BP

TYPE OR PRINTS 3. SEX Male USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 136 CITY OR TOWN Maryland 14 FATHER'S NAME John 60 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES. NO OR UNKNOWN Yes _ Navy 18. CAUSE OF DEATH (Enter only one couse per line for to , 1b), and ic PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stoting the CERTIFICATION MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE 220 I certify that (1) Phis hospital) attended the deceased from sow the deceased olive on June 22b. SIGNATURE

White TO BIRTHPLACE LISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? U.S.A. Pennsylvania 18 CITY OR TOWN OF DEATH Hyattsville 7223 E. Lombard Street

P.G.

IMMEDIATE CAUSE

MIDDLE

Maurice

4 RACE

MARRIED X NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

Hvattsville

Sullivan

16b SOCIAL SECURITY NO

321-09-7528

M.

Prince George's County 126 KIND OF BUSINESS OR Ret. Bus Driver D.C. Transit

IF UNDER 1 YEAR

7223 E. Lombard Street 20785 YES DO IS MOTHER'S MAIDEN NAME Margaret Conrov

13e STREET ADDRESS / ZIP CODE

17 INFORMANT Elizabeth M. Sullivan (Wife) Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO M

STATE

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

NOK

21n ACCIDENT WAS UNDERLYING 716 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR

P.M. 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

CITY OR TOWN

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES [

19 25 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

did not view the body ofter dec

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED June 18, 1985

Bruce S. Cooper. M.D.

6525 Belcrest Road - Hyattsville, Maryland

230. BURIAL, CREMATION, REMOVAL 23b. DATE I SPECIFY! 6/21/85 Burial

24 FUNERAL DIRECTOR

22d PHYSICIAN'S NAME (TYPE OR PRINT)

23¢ NAME OF CEMETERY OR CREMATORY Maryland Veterans Cem. Cheltenham

23d LOCATION COUNTY P.G.

250. DATE REC'D, BY REGISTRAPIZSO, REGISTRAPIA SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Gasch's Sons F.H. P.A. Hyattsville, Maryland

7 June 18, 1088 T: 504. Samten M. neville: 21 14 winner a tegrapoi Acetal decay) Symines . I toom office they AT. P. Sertades SETTLE LOOPER MANAGER . State of the security of the state of the state of the state of CONTRACTOR OF THE CONTRACTOR OF THE PROPERTY O ACTUAL OF THE PARTY Jane 18, 1885 Through T. Combon, 11,11. benisted solders and - the section falls F. Goschia Some F.H. P.A. Hyalisville, Maryland compact 1420 g

E MESO SAID SANSE R remels Causelin history alicenses Heryland Cherles shite leing x 1.5-2, cox534, Rickery at If the No Isda SOT- IN-ALIE WINT NO AL SHEET WITE WELL FOR MINE attle thing, anguland significant Buriel - 7/7/05 d. Veteren en las incleanes, Fr. 500., No. Thents tunerel tome . Dat terf, id. 20664 tol. 207

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

25						KEG. 190.			
	CEASED NAME FIRST	WIDDLE	01.0	LAST	20 DATE	OF DEATH MONTH	DAY	YEAR 26 H	OUR
CC	Willer	A RACE	-toN SU	OF BIRTH	4 AGE	IN YEARS LAST BIRTHDAY	18/	85 1.	DER 24 HRS
SE	Male	Caucasia			R	IN TEARS (AS) BIRINDAT	MONTHS		
1	,		Ju	ly 24, 19	70		RS RS	TATUL	
0 8	COUNTRY)	76 CITIZEN OF WHAT C	MARRIE	D NEVER MARRIE	D D BALLI	MORE CITY OR COL	CC	AP A	510
0.0	MD	USA	WIDOW			-1100	000	01-61	J-MD
-	TITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION	(TYPE OF	WORK FOR MOST OF WORK		KIND OF BUSI DUSTRY	INESS OR
	LINION	Pourner	N Mg	402611	Hec Mec	hanic	D	. C. T	rans
	STATE NO COUN		Y OR TOWN	134. INSIDE CITY LIM	ITS? 13e.STRE	ET ADDRESS / ZIP	CODE	99	999
1	VA J	Tre	vilians	YES NO	2 516	1, Box	29	23	170
Ņ.	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAID		MIDDLE		LAST	
	Owen		Swann	Nell				Clift	
		E WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANTS				Carrol	
	No	57	8-03-248	6 Phillip	L. Sw	ann Wald		MD 20	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line far	late(b), and (c).1	-				APPROXIMATE IN BETWEEN ONSET A	NTERVAL IND DEATH
		E CAUSE (a)	draw a	rresi					
	Section of the sectio	DUE TO, OR AS A C	ONSEQUENCE OF						
	Canditions, if any, which	((b)		the and					
	gave rise to immediate couse (0), stating the	DUE TO, OR AS A C	ONSEQUENCE OF						
	underlying cause last.	(c)							
	PART 2. PHER SIGNIFICANT	ONDITIONS CONTRIB	TING TO DE ATH BUT	NOT RELATED TO TH	E TERMINAL DISE	ASE OR CONDITION	GIV N IN	PART	
ATION	Serve	disorde	2 Her	henly	, 601	elra (Mo	Here	MS.
CAI	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 A	UTOPSY? 20b.	FYES, WER	E FINDINGS U	SED ATH?
ET IF	E ALCOHOL SALES				YES [YES 🗌		
CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 216. TIME OF INJUR	Y ONTH DAY YEAR	21c HOW INJURY C	OCCURRED (ENTE	R NATURE OF INJURY IN ITE	M IB PART I OR	RPART 2)	
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	STATE OF THE PARTY	19	1000					
MED	21d. INJURY OCCURRED	21e PLACE OF INJU		21f LOCATION		CITY OR TOWN	ce	YINU	STATE
2	AT WORK NOT WHILE	The state of the s	541, 0111cc, 7444, c1c)	(C. S.)					
	22a.1 certify that (1) (this haspi			6-6 19	85 , ta_	6-18	19_8	S , that (I	(we) las
	saw the deceased alive on above, (I) (we) (did) (did no		ath 19 85 , a	nd that in (my) (our) a	pinion deoth occ	urred an the date an	haur and f	ram the couses	stated
	226. SIGNIATORE	VIII.	*	DEGREE	/		27	DATE SIGNE	D
	Some	gano	2300	ATTEND	ING MEDIC	OR PHYSICIAN	1 1	0/18	14
	226 PHYSICIAN'S NAME (TYPE C	(RPRIPT)		220 ADDRESS	44			101.	1
	John C.	rattere	M	7501	malls	Kord .	10/1	(In	Jon
	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF	EMETERY OR CREMA	TORY 23d LC	OCATION		1000	
	(SPECIFY) Burial	6/21/85			ois.	Oxon Hil	1 Pr	. Geo.	STATE
4 F	UNERAL DIRECTOR		1			BY REGISTRAR 25b, RE			
	NAME		ADDRESS					son-Rand	.00
		eral Home	. Waldor	f MD	HIN OZ	1 1005 19W	a komo la	Oak a- Naila	Contract

Huntt Funeral Home, Waldorf, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

22000 THE STREET STREET Standard to the same of the first of original drawn district and all plants of Terminated name of this was seen The state of the language of the state of th

STATE OF MARYLAND 171128 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DRCEASED NAME 20 DATE KNOWN 7h HOUR TIPE OR PERSON DEATH MATED ALEXANDER OTHO 4. RACE 5 DATE OF BIRTH AGE (IN YEARS 2d HOUR F UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White DEAD 76 YRS 4 1908 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY Prince George's WIDOWED [DIVORCED Marvland USA IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Brandywine Road Trail Cross Carpenter Gov USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 30. STATE 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Brandywine George's Road NO TH Cross 4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE FIRST Smith Jeremiah Sweenev Margaret Ing. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANTS tep daughter Upper Marlboro IYES, NO. OR UNKNOWN MEYES GIVE WAR OR DATES! Ruth E. Hopkins, 8423 Thornberry Dr Yes WW 579-10-3996 APPROXIMATE INTERVAL
RETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO TA DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 218 PLACE OF INJURY (ATHOME 2 If. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE EXECUTE THE CENTRAL PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PLAFER DEATH, WITH THE ST Inquiry X 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion death resulted from: Natural causes Suicide Homicide _ Undetermined manner TITLE (SPECIFY) DATE 6/17/1985 Deputy SIGNATUR MEDICAL EXAMINER Augusto P. Rodriguez, M.D. ADDRES 5009 Rayburn Ct, Temple Hills. Md 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE 6/19/85 Brookfield Cemetery Burial Navlor 07/B4 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Jeta Davidson Rando **DHMH - 17** (VR A) 5 ME (5)) Huntt Funeral Home, Waldorf, MD

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STATE OF MARYLAND

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(VRA 15, 4)

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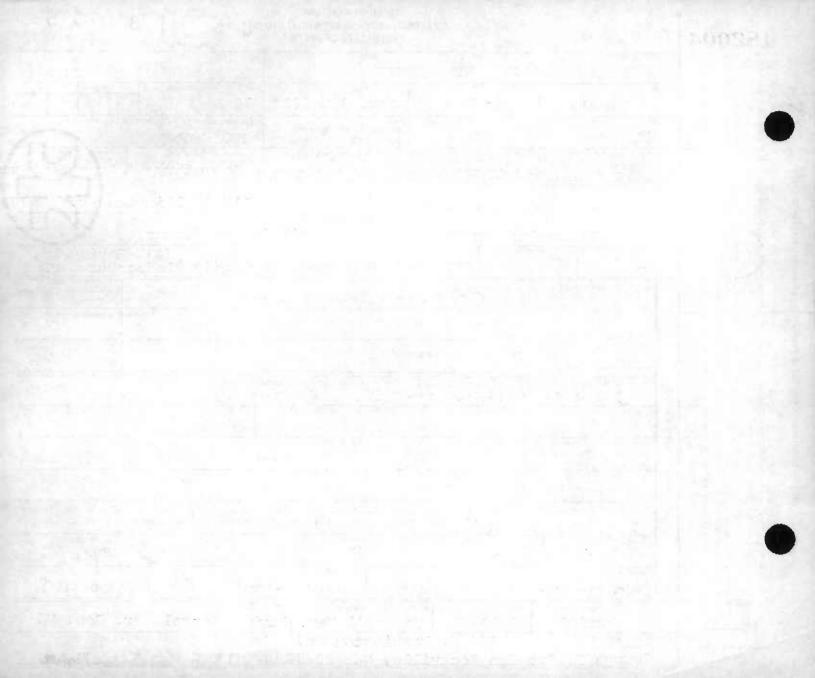
Wit Tuneral Home, Veldorf, Many Land Mercell Tire

2085

George R. Snowden Rockville, Md

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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9		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	D .		1	
		CEASED NAME	FIRST	MIDE		ŀ	A51	TO DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
	(1111	1 A 41	OR /1	520	don			Jane 11	83		7000	M
	3 SEX	4	4. RACE		DA ,	DATE C	DE BIRTH	AGE LIN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN.	
-		m		ACC	· .	17-	- 9 1900	84	YRS			
2		RTHPLACE (STATE OR F	101/	EN OF WH	AT COUNTRY? 8	MARRIE	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH		Pri.
2		G.S.A.	oury (1	- 2./	7 · v	VIDOWE	D DIVORCED	Prince G		County	7 M	D.
1	107C1	TY OR TOWN OF DEA			SPITAL, NURSING		OR OTHER INSTITUTION	128 USUAL OCCUPATI			F BUSINESS OF	R
USUAL RESIDENCE (IF NORSING HOME OR O				YRE!	enbelt	1	to lake	Accounta	nt	U.S.	. Gov't	
Z	130 S		136 COUNTY	13	CITY OR TOWN	- 1	136 INSIDE CITY LIMITS?	13e STREET ADDRESS				
1		Md.	Pr. Geo		Greenbel	t	YES NO	22-E Hill	side R	d. 207	770	
1	FA	ATHER'S NAME FIRST	MIDDLE		LAST		15. MOTHER'S MAIDEN NAM	ME		LAST		
	-	Francis	Solom		Taylor		Sarah		Por	ter		
	(1	VAS DECEASED EVER	IN U.S. ARMED FO	RCES? 16 DATES)	SOCIAL SECURIT	125	17 INFORMANT	ADDRE				
		Yes			217-34-/,	-34-/// Mrs. Ruth Taylor - Same as #13						_
Ľ		18 CAUSE OF DEATH		ouse per line	e for (0), (b), and (11	0.000	1. 0	1	BETWEEN	MATE INTERVAL INSET AND DEATH	
			IMMEDIATE CAUS	E (0)			1924 (Va)	my w	My			_
		Hard The	DU	E TO, OR A	S A CONSEQUEN	CE OF	6. 200	7			de	
		Conditions, if ony, gove rise to imm		(b)			report				-10-7	_
		couse (o), stating underlying couse		E TO, OR A	S A CONSEQUEN	CE OF	ave inon	. 1 P		1	Mar VI	7
		BART 2 OTHER SICA	UKISANI SONDI	(c)	TO DE LO DE	THE BUILT	NOT RELATED TO THE TERM	1 0	AL	/ / / / / / / / / / / / / / / / / / /	t poc p	
	NO	FART 2. OTHER SIGN	IFICANT CONDIT	IONS CON	TRIBUTING TO DE	AIN OUI	NOT RELATED TO THE TERM	IN AL DISPASE OR CON	DITION GIVE	N IN PART HO		
	CERTIFICATION	19a DATE OF OPERAT	ION 196	CONDITIO	ON FOR WHICH OF	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IF YES,	WERE FINDIN	GS USED	
7	TIFIC	10.00						YES NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?	
	CER	210. ACCIDENT WAS UND		TIME OF I		VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2)		
1	AL	OR CONTRIBUTING C	AUSE OF DEATH	P.M.	MONTH DAY	19	53.11.6.19					
	MEDICAL	21d INJURY OCCUR	ED 21e	PLACE OF			211 LOCATION	CITY OR TO	wn	COUNTY	STATE	
	2	AT WORK AT WOR	ILE	HOME STREET	FACTORY, OFFICE, FARA	I, EIC J	- C.			-		
		22a. I certify that (W		-		6	-2 19 03	, to(O	1	9	hat (l) (we) los	st
		sow the decease	d olive on	He body at	égdeath 19	, 01	nd that in (my) our) opinion o	death occurred on the de	ate and hour	and from the c	ouses stated	
		SIGNATURE	1 1	1	101	/	DEGREE			22c. DATE S	IGNED	
		1)abr	1/10	X/C	hall	_	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		6	-16-0	85
		778 PHYSICIAN'S NA	WE I DOE OUT WILL	2	7/1	6	The ADDRESS	C. 1.		11.	/	1
		Shuck	N	· 07	chara	PU	111	Courter	w	au	LEIRE	1
		BURIAL, CREMATION,	REMOVAL 23b. D	ATE	. 85 23¢ NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	()	COUNTY	STATE	-1
		Remova	1 6	5/11//	// 3							
	24 FL	UNERAL DIRECTOR			ADDRESS _		250. DATI	REC'D. BY REGISTRAR	RSS REGISTE		Time -	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Anatomy Board

Balto., Md.

84109	- STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO.	100	o /
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH M	ONTH DAY YEAR	2b. HOUR
doge doge the doge the doge the doge the dog t	PE OR PRINT) MARY	C	THELEN	JUNE 21, 1	985	9:25PM
3 58	EX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
5	FEMALE	CAUCASIAN	OCTOBER 18,1901	83	YRS.	HOURS MIN.
6 70. B	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR		
(N)	COUNTRY) EW YORK	USA	WIDOWED DIVORCED	PRINCE GEO	RGES	MD.
10 0	ATTSVILLE		NG HOME OR OTHER INSTITUTION TADDRESS)	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V HOMEMAKER	N 12b. KIND WORKING LIFE) INDUSTRY	OF BUSINESS OR
F -	JAL RESIDENCE (IF MURSI ME O STATE 31 COUI IRGINIA FAIR		WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 8611 QUEEN	ELIZABETH	BOULEVARI
100	ATHER'S NAME FIRST IUSEPPE	MIDDLE LAST CICERO	15. MOTHER'S MAIDEN NA FIRST ANTON INA	WIDDIE	PANE	EPINTO
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SEC		ADDRES		
	NO	328-28	-1664 R J THELEN 8	611 QUEEN EL	IZABETH BOU	JLEVARD
£ .	18 CAUSE OF DEATH (Enter of	nly one cause per line far (a), (b), a	nd (c).)	HANNENDAL	E VIRCINI	TIMATE INTERVAL
۵ د د د د د د د د د د د د د د د د د د د	PART I. DEATH WAS CAUSE	TE CAUSE (0) PNEU	JMONIA		9	DAYS
injury, ar ath		DUE TO, OR AS A CONSEQUENCE TO CONDITIONS CONTRIBUTING TO CONT	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART I	1(0)
Hygiene prior to to 8 shows any injur	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
	.210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
d'or Item	21d. INJURY OCCURRED	21e. PLACE OF INJURY (At HOME, STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
z ×	AT WORK AT WORK		Control of the Contro	. 10.5		1050
s mo	220.1 certify that X (this hasp	ital) attended the deceased from	2/13	6/21	1985	, that X (we) last
of †	above (1) XXX did) XX n	view the body after death.	, and that in (my) XX opinion	death occurred on the date	e and hour and from the	e causes stated
ote Dept	226. SIGNATURE	lit	DEGREE ATTENDING PHYSICIAN [AFOICAL STAFF	AND -	E SIGNED
should be de with the State	Stoot 1	v. Kenitz	22e. ADDRESS 750	1 . /	17d-20	770
230.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
	BURIAL	6/28/85 FA	AIRFAX MEMORIAL PAR		1	/IRGINIA
	FUNERAL DIRECTOR NAME MAINE FUNERAL H	OMES, INC ALEXA	NDRIA, VIRGINIAN 2	6 1085 guile	REGISTRAR TANA	JOKE 1

STATE OF MARYLAND

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THE STATE STATES AND ASSESSMENT AND ASSESSMENT OF THE STATES AND ASSESSMEN

COMPANY CHORNEL STREET

	FOR			DEPARTMENT OF HEALTI	A AND MENTALL	IVCIENTE 1	0 13 15 14
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14	FATHER'S NAME		MIDDLE	LAST	15 MOTHER'S MAIDE		1AS DOZI
6	ALBERT			THOMAS	LULA 17. INFORMANT	BELLE	DOZI
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STATE OF MARYLAND

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ER FERN	Washington, D.C. USA WIDOWED □ DIVORCED ₩ Prince George's COL 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120. KIND C									
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The second		District of	Columbia		13d. INSIDE CITY LIMITS?	3013 7th Stre	eet.N.E.			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

	FOR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DE	HIA		REG. NO).		
1		CEASED NAME	FIRST		MIDDLE		AST	ALKUU.	20 DATE OF			Y YEAR	2b. HOUR
	TYPE	OR PRINT)	CLAUD	E E	UGENE	VENTE	RS, JR		JUNE		18	1985	11:00 ^A
	3. SEX	X		4 RACE		5. DATE (YEAR	6 AGE IN YE	ARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
į,		Male			ite	Ma		1918	67		YRS.		
9		RTHPLACE (STATE OF	REOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER M.	ARRIED 🗆	9. BALTIMOR	_			
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3		ty or town of de nham			H FACILITY, GIVE ST	REET ADDRESS)	Pr. Geo		120 USUAL O	OR MOST OF			F BUSINESS OR
7	USUA	AL RESIDENCE (IF NUI	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)					7.0 0000	Felic	agon
2		laryland	Pr.	Geo's	13c New 1	llton	136 INSIDE CIT	NO []	13e.STREET A		Ave.	21	1784
1	-	THER'S NAME				TI COIL	15. MOTHER'S				AVE		
Z		Claude		modie	tore	Cr.		Marga:	ret	MIDDLE	G	augan:	
i		VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMAN			ADDRE			h Ave.
	[7	YES, NO OR UNKNOWN)		E WAR OR DATES)	244-12	2-3104	Evely	n R. 1	Jenter	's N		arrol	
		18 CAUSE OF DEA	1		-	-	121017	200	CHOCL	0 1	ich c		MATE INTERVAL DISET AND DEATH
П		PART I. DEATH	WAS CAUSE	D BY:			ATIC	CARC	Moses	7	_	3	VAC
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	9	underlying cous		DUE TO, O	R AS A CONSE	OUENCE OF							
		PART 2 OTHER SIG	GNIFICANTO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED 1	O THE TERMI	NAL DISEASE	OR CONF	ITION GIVE	V IN PART 1	
	S												
1	CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFOR	MED	20a AUTOR	SY?		WERE FINDIN	
7	풀								YES 🗍	NOCK	YES	ING CAUSES	NO
7	GE	210 ACCIDENT WAS U	NDERLYING	216. TIME C		W5.18	21c. HOW INJ	URY OCCURR	ED (ENTERNATI	JRE OF INJUR	VINITEM 18 PAR	T I OR PART 2)	
		OR CONTRIBUTING		VIII	M. MONTH	DAY YEAR							
П	MEDICAL	214 INJURY OCCU		21e. PLACE	OF INJURY		21f LOCATIO	V		CITY OR TON		COUNTY	STATE
	×	WHILE NOT V	WHILE	(AT HOME, ST	REET, FACTORY, OFF	ICE FARM, ETC }	ZIMEET			CITTORIO		COOMIT	STATE
		22a I certify that (tol) ottended th	e deceosed f	m (6)	1175	, 19	_, to_ 6	-11-1	5 19	·	that (1) (we) lost
		saw the decea	ised alive on	t) view the body		. 0	nd that in (my) (our) opinion d	leath occurred	on the do	te and hour	and from the	couses stoted
		226. SIGNATURE	(did) (did no	Ti view the body	//		DEGREE				0.00	220 DATE	SIGNED
,		1/c	sus les	1/0	dan	u	AT Pi	TENDING TYSICIAN	MEDICAL DIRECTOR	STAF	F IAN []	6	19/85
		224 PHYSICIAN'S	JAME ITYPE O	RPRINT			72€. ADDRESS	CATALON CATALON CONTRACTOR	Kenilwo			#7	
		Roger	B. Ing	gham, M.	D.			River	dale, l	Mary1	and 20	737	
		BURIAL, CREMATION	, REMOVAL	23b. DATE	12	3c NAME OF	EMETERY OR CI		23d LOCAT				
	((SPECIFY) Bur	ial	June	21,198	35 Ft	Linc	oln			nod 1	COUNTY	STATE
-	24 FL			d Hale				250. DATE	REC'D. BY RE	GISTRAR	Sb. REGISTR	AR S SIGNAT	URE
				nalia			Md Ho	DEN 2	4 1985	, de	in Saine	Range Range	lette .

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the offering in should be detached for use as the burial-tronsit permit. Then please remains combatter with the State Dept. at Health and Mental Hygiene priar to burial, cremation in terms.

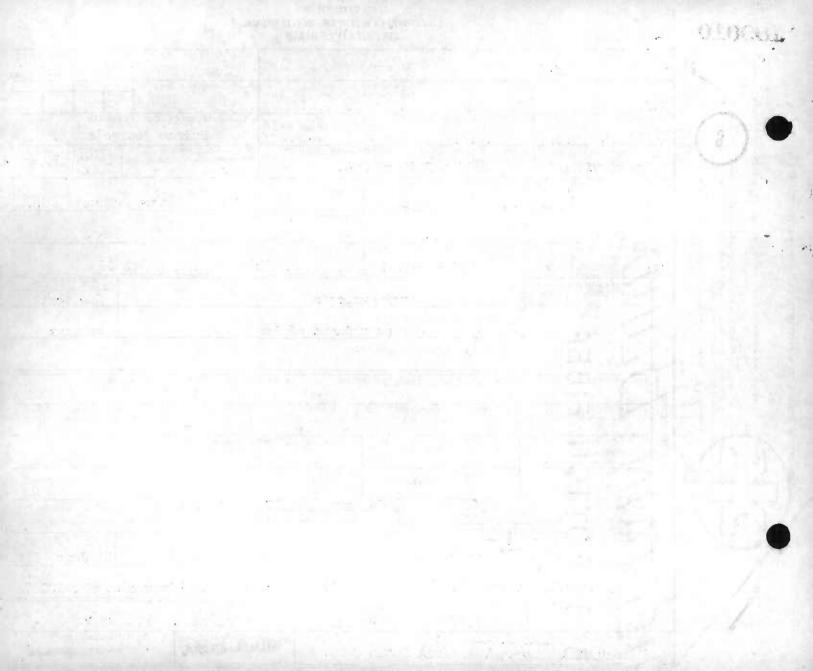
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the haspital or attending physician.

injury, or other tra

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

(VRA 15, 4)

189010	1	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTA FICATE OF DEATH	6.3	5 REG.	NO.	8 0	6 3
10.00	I,	DECEASED NAME	FIRST		WIDDIE		LAST	20. DA	TE OF DEATH	MONTH	DAY YEAR	2b. HOUR
\$ 10 tox	1	I	Daniel	A		VII	0		June	29	1985	6:58
8 81 10	3.	SEX		4 RACE		5. DATE	OF BIRTH H DAY YEA		(IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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1 62	770	. BIRTHPLACE ISTATE OF COUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUN	RY? 8	D NEVER MARRIEL	9 BALT			TY OF DEATH	
(16 AL	4	lashington.	D.C.		S.A.	WIDOW	ED DIVORCED				eorge's	M
	7	Hyattsvi	lle	(IF NOT IN SU	314 Bal	TREET ADDRESS) TIMOTE	OR OTHER INSTITUTION	(TYPE OF	UAL OCCUPA WORK FOR MOST LET	TION TOF WORKING	LIFE) 12b. KIND C INDUSTRY Post	lashing?
filled in rould be	Gen. 1.	SUAL RESIDENCE (IFNL 0. STATE Maryland	13b COU	ROTHER INSTITUTION NTY Geo.	13c. CITY OR Hyatta		13d. INSIDE CITY LIMI YES NO	175? 13e. STR	REET ADDRESS	imore	Avenue	2078
impletely and 2 of and 2 of	48	FATHER'S NAME FIRST Frank		WIDDLE	Vito)	15. MOTHER'S MAIDE FIRST Carme		WIDDLE		Crupi	51
e execut	16	(YES, NO OR UNKNOWN)	R IN U.S. AR	MED FORCES? E WAR OR DATES)	16h SOCIAL	SECURITY NO.	17 INFORMANT		ADD	RESS		
be exe		les .	ww		577-20	6-3187	Bernice P.	Vito	Wife	Same	as 13	
ertificate be a physicion banzapers. F remaval.		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE	nly one couse pe ED BY: TE CAUSE (0)			matosis					month
is that the death ed by the ottend please remove co prical, cremation, or or other traumal		Conditions, if on gove rise to in cause (a), stat underlying cau	nmediate ling the se last.	(b)	R AS A CONSI	Adenoca	rcinoma of					nown
law requirent.		PART 2. OTHER SIG		196 COND	ITION FOR WE		NOT RELATED TO THE		AUTOPSY?	20b. IF Y	EIVEN IN PART 1('ES, WERE FIND II TIFYING CAUSES YES	NGS USED
iysiCIAN: The ding physician is certificate h burtal-transit p. Mental Hygier ar them 18 show	46.1	OR CONTRIBUTIONS	CAUSE OF DE	ATH HOUR A	DF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY O	CCURRED (ENT	ER NATURE OF IN.	JURY IN ITEM 18	B, PART 1 OR PART 2)	
OING PHYS or offending After this of e os the bur olth and Me		(IF EITHER NOTIFY MED 21d. INJURY OCCU WHILE NOT AT WORK AT W	RRED WHILE	21e. PLACE	OF INJURY REET, FACTORY, OF		21f. LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
OR ATTENDING the hospital or DIRECTOR. All or healt for use a Dept. of Healt ferm 21 is mo		220. I certify that (saw the decea above, (1) (we)		tol) oftended the 28 Ju		OE	nuary , 19 nd that in (my) (our) op	77 , to	29 Jur			that (I) (we) la couses stated
· · · · · · ·		22b. SIGNATURE	ul	The state of the state of	mann	/		ING MEDI	CAL ST	AFF ICIAN 🗍	22c. DATE 29 J	signed une, 19
HOSPI sined b FUNE sold be the the Si		22d PHYSICIAN'S P		R PRINT) Houmann	, M. D.		4404 Que	ensbury	Rd., F	Riverd		
of Top-	23	BURIAL, CREMATION	, REMOVAL				EMETERY OR CREMAT	ORY 23d. L	OCATION CITY OR TOWN		COUNTY	STAJE
BP	L	Burial				Parklaw	n Cemetery		CRVILL	ce Mo	intgomer	y Mã.
DHMH - 16 60M 7/73 (VR A 15 (4))	24	FUNERAL DIRECTOR 500 Univers	Franc ity B	is J. Co lvd., W.	Silve	r Sprin	g, Md. 250	o. DJEREC'D	BY REGISTRA	R 25b. REGI	STRAR'S SIGNAT	303



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AN METER IS NECESCARY PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETRAIN PAGE 5 FOR YOUR FILES. HOURD BE FILED WITHIN 72 HOURS RECARDS, 201 PRESSON STREET.	166	JSUAL RES 30. STATE	IDENCE	(IF IN NURSING HOME O	OR OTHER INS	TITUTION, GIV		OR TOWN	SION)	13d. INSIDE CI	TV I IMITCO	lia czn	FFT 4000					Ro	ad
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S AFT GIVE ITH F PAGE		No)				220	0-66-	7658	Pear	al A	. Wa	llac	e./	III A N	- Decom		77-	3.6.3
W. PRESTON ST., BALTIMM W. PRESTON ST., BALTIMM SWITHIN 24 HOURS AFTER PENCIL IN ITEM 18. GIVE PA MAINER ALONG WITH FOR TRANSIT PERMIT. PAGES 1 FENTAL HYGIENE, DIVISION		18.	AUSE C	F DEATH (Enter anl	y ane caus	se per line	far (a), (b), and (c).)							201		APP	ROXIMAT	MITERVAL
S S S S S S S S S S S S S S S S S S S	_ /	2	ARTIDI	ATH WAS CAUSED	BY:	3.4		ole in	inrie	c							BETWI	EN ONSE	T AND DEATH
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TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOUNERAL DIRECTO ATTER-DEATH WITH IT	A8 2	3a.BURIAL	CREMA	TION, REMOVAL 23	36 DATE		23c. N	NAME OF CE		RCREMATO	RY	[23d. LO	CATION						
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24 FUNERAL DIRECTOR

Hines/Rinaldi Funeral Home Silver Spring, Md.

DHMH-16 30M 2/80

(VRA 15, 4)

Ob. REGISTRANS SIGNATURE

164042	1-	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN				H REG.	8 U	0 0	
* V		CEASED NAME PE OR PRINT)	Marian		Louise		arner		DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR	26 HQU
	7a B	IRTHPLACE (STATE	White C	DATE OF BIRTH MONTH DAY Oct. 19,	1922 62 Y	RS. MARRI	ED 🗷 NEVER MARRI	24 HRS. 2c. MIN PRO	DATE DNOUNCED DEAD BALTIMORE CITY	MONTH 6/1 Y OR COUNTY	19 85 OF DEATH	26 H24 P.
MILAY IS NEF TO THE FUN V PAGE 5 P BEGILD SS, 20 W		New Jer ITY OR TOWN OF Lanham	DEATH 11	5401 Lar	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) 1ham Statio VE RESIDENCE BEFORE ADMISS	n Roa	ER INSTITUTION	12a. USUAL	Prince Ge OCCUPATION (TOF WORKING LIFE) OUSEWIFE	TYPE OF WORK		ISINESS RY
F ANY CAND 3 S. RETAIN SHOULD SHOULD	13a 3 M	aryland ATHER'S NAME	13b. COUNTY	George's	13c. CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO	1	ADDRESS Lanham	Statio	n Road	104
HE STATE OF THE ST		Josep	h VER IN U.S. ARMED		Joyce	V NO	IS. MOTHER'S MAIDE FIRST Margal 17. INFORMANT		WIDDLE	Birdse		
S AFTER GIVE PA ITH FOR PAGES WISSON	100.	NO, OR UNKNOWN	(IF YES, GIVE WAR	R OR DATES)	263-28-780 for (o), (b), and (c).)		Virgil Wa	arner		anham S	Station 20706	
XECUTED WITHIN 24 HO VG", IN PENCIL IN ITEM 24L EXAMINER ALONG BURIAL TRANSIT PERM AND MENTAL HYGIENE ATION, OR REMOVAL.		Conditions, gave rise cause (a) sta lying cause l		DUE TO, OR (b) DUE TO, OR (c)	VARIAN CARC AS A CONSEQUENCE AS A CONSEQUENCE	OF OF			5.		2 yr	
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. TO PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE SIX BALFMORE, MARYLAND, 21		226. I certify the death resulted for actual SIGNATURE	rom: Noturol o	couses X,	Cogu	Autops	Homicide TITLE (SPECIFY) D. Deputy 1919	Undeterm MEDICA Semina	LEXAMINER ary Road	OND IN MY OPIN], DATE SIGNED	6/3/8	35
TO FU	230.6	(TYPE OR PRINT)	N, REMOVAL 23b	DATE	23c NAME OF CE	METERY OF		23d. LOCA CITY OR T		county P.G.		ATE
DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECTO	R		anham Funer		1250 DATE F	REC'D. BY RE	GISTRAR 255 RE	GISTRAR'S SIC		_

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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2 '	tion to		1. DEC	EASED NAME FIRST	IETTE	MARI		WEINER	20 DATE OF DEATH	MONTH 6	15	YEAR 85	26 HOU 12	24AM
100	0.00	2	1507		4. RACE	A-95-6	5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UND	ER I YEAR	IF UNDER	24 HRS
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eath Po	172 hou	35	0	RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND	IISA	WHAT COUNTRY?	WIDOWE		PRINCE GEO	RGE (COUN	TY		MD.
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AL)	1 / 2	79	13a. S	L RESIDENCE (IF NURSING HOME OF TATE 136 COL		, GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS)F		ICMIE:	
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1	9000				ATE CAUSE (a)	VASCU	L111	7				6 M	rowi	42
equires that the deart	Than please remains to buring cremation of buring cremation or purely, or other trauma		NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, C	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	IDITION G	IVEN IN	PART 14c		
No low	t permit. ene prib	2	CERTIFICATION	19a. DATE OF OPERATION	196. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WER	E FINDIN CAUSES	OF DEAT	TH?
CIAN P	infrant infolhypa infolhypa infolhypa infolhypa infolhypa	9	100770180	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	DF INJURY J.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I O	R PART 2)		
G PHYS	a the burn and Me	/	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO)WN	cc	YIMUC	S	STATE
ATTENDS	d for use at a cold is mo			220.1 certify that (1) this has saw the deceased alive above, (1) (we) (did) (did in	In JUNE	15 19		d that ir (my) our) apınıan	death accurred an the d			fram the o		we) ast
ITAL OR	r detache State Dep MT, If the			226. SIGNATURE 226. PHYSICIAN'S NAME (1) YEE	299	mondon	~	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN [2	6 11	SIGNED SIGNED	
O HOSP	should be with the S MPORTA	1		NELSON	6.6	000MA-		3231 SUPE		,	SOW	141	lad.	
BP_		1	(URIAL, CREMATION, REMOVA	JUNE	17,1985 F	BETH H	EMETERY OR CREMATORY IAMEDROSH HAGO				LTO.		MD
	16 60M 7/ A 15, 4)	′B4		NERAL DIRECTOR SOL		ON & BROS. BALTO., N	•	250. DAT	N 1 8 1985	10	-	1	URE Andelli	=

And the fact of the second seconds and the second s

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

35	V-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	GIENO 5 8 U O	0
1		CEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH MONTH DAY YEAR 2	h HOUR
+	{ I YPE	OR PRINT) JOHN	н.	WERNER	06-14-85	3 :15 AN
	3. SE.	(4. RACE	5. DATE OF BIRTH		F UNDER 24 HRS
		Male	White	May 12. 1898	87 YRS.	HOURS MIN.
76		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY OF DEATH	
12	Pe	nsvlvania	U.S.A.	WIDOWED DIVORCED	I DOTNICE CEODOFIE COINTY	MD.
14	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE PRINCE GEORGE	ING HOME OR OTHER INSTITUTION S GENERAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRIBLE Editor Journa	dies Ho 1 Magaz
20	USU.		OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	13e.STREET ADDRESS / ZIP CODE	I Magaz
14	M	aryland P.	G. Co. Bowie		_1	715
1.	14. FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME MIDDLE LAST	3 6 7
de	10	Alfred	- Werner	Eliza	- Clark	
1		AS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
		YES W.	W.1 162-10-	2338 Jeanne McAr	dle (Doughter) Same as #	13
	9.0	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one cause per line for (a), (b), (and ter t	APPROXIMA BETWEEN ON	SET AND DEATH
			TE CAUSE (0) CARLIU	LONA OF LUN	6 m	ontits
			DUE TO, OR AS A CONSEC	UENCE OF		
		Conditions, if ony, which	(6)			
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	UENCE OF		
, c.	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TE	MINAL DISEASE OR CONDITION GIVEN IN PART 110	
7	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES, WERE FINDING	
X	IFIC				YES NO YES YES	F DEATH?
	CER	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM TB PART T OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
/	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
	3	WHILE NOT WHILE	(AT HOME, STREET FACTORY, OFFIC	E FARM ETC) STREET	CITY OR TOWN COUNTY	STATE
	~					
		22a.1 certify that (1) this hase	oital) attended the deceased from	5/15 10 8	5 to 6/14 10.85 th	at (II we) ast
		22a.1 certify the (1) this hosp	oital) attended the deceased from			at (I) (we) ast
		22a.1 certify the (1) this hosp	1 1 .	St., and that in (my) our) opinio	n death accurred on the date and hour and from the co	uses stated
		22a.1 certify the (1) this hosp saw the deceased olive or abave, (1) (we) (did) (did n	6/14 10	St, and that in (my) our) opinic DEGREE	n death occurred on the date and hour and from the co	uses stated GNED
		22a.1 certify the (1) this hosp saw the deceased olive or abave, (1) (we) (did) (did n	n 6 1 1 Y ot) view the bady after death.	DEGREE ATTENDING PHYSICIAN	n death accurred on the date and hour and from the co	uses stated GNED
1		22a.1 certify tho (1) this hosp saw the deceased alive or abave, (1) (we) (did) (did n 27b. SIGNATURE	n 6 1 1 Y ot) view the bady after death.	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	n death occurred an the date and hour and from the co	uses stated GNED
1	23a E	22a.1 certify tho (1) this hosp saw the deceased alive or abave, (1) (we) (did) (did n 22b. SIGNATURE	on 6 1 / 19 ot 1 view the body after death. OR PRINT) G - 6 0 0 0 1 4 ~ 23b. DATE 23b	DEGREE DEGREE ATTENDING PHYSICIAN 22e ADDRESS MD 3 2 3 1 5 NAME OF CEMETERY OR CREMATOR	AREDICAL STAFF DIRECTOR PHYSICIAN 22c DATE SI OF SALOR CANG BURNING 236 LOCATION CITY OR TOWN	uses stated GNED
	23a E	22a.1 certify the (II) this hosp saw the deceased olive or above. (II) (we) (did) (did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME TIPE URIAL, CREMATION, REMOVA	on 6 1 / 19 ot 1 view the body after death. OR PRINT) G - 6 0 0 0 1 4 ~ 23b. DATE 23b	DEGREE NO ATTENDING PHYSICIAN 1220 ADDRESS NO 32315 NAME OF CEMETERY OR CREMATOR' Chambers Crematory	AREDICAL STAFF DIRECTOR PHYSICIAN 22c DATE SI OF SALOR CANG BURNING 236 LOCATION CITY OR TOWN	STATE Md.

A THE WAY TO SHARE She was a series of the The last of the same agreement of the last of the Evidual aliabativists of the same and an experience of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ì	8	U	6	3

	- STATE REGISTRAR			CERTIFIC	ATE OF I	DEATH	REG. NO.		
	1. DECEASED NAME FIRST (TYPE OR PRINT) Virgi		DDIE	Wes1	ey		June 13,	1985	26. HOUR 4:10 P
	3. SEX Female	4. RACE Whit	e	S. DATE OF B	1 ⁴	1909		IF UNDER TYEAR	HOURS MIN.
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	U.S.A.	HAT COUNTRY?	MARRIED [MARRIED	Prince George's		ty _{MD.}
661	Lanham		OSPITAL, NURSINI FACILITY GIVE STREET A S HOSPIT				12th USUAL OCCUPATION (17th of work for most of working life) Nurse		r Reed
200	130. STATE Maryland 13 Maryland		TAN LANDS	1 130	I. INSIDE C	NO [9307 Vaughn Pla	ce 20	706
10	William	MIDDLE .	Roberts			S MAIDEN NA FIRST hel	MIDDLE	Loot	
	160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 1	66 SOCIAL SECUI 224–24–6.	RITY NO 17	INFORM/	INI	addres 3031 l ls (Daughter) _{Wald}	- 0	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		certer,			ar	nen A	APPROXI	MATE INTERVAL NSET AND DEATH
	Canditians, if any, which	DUE TO, OR	AS A CONSEQUE	WGE OF	~	le-	Sjall	La	getel
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO OR	S A CONSEQUE	NCE OF	no Po.		tenho da		Langster

PART 2. OTHER SIGNIFICANT, CONDITIONS

19a DATE OF OPERATION

21d INJURY OCCURRED

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 96 CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM ETC)

MEDICAL

20m AUTOPSY?

211. LOCATION

PHYSICIAN D

and that in (my) (purhappinian death accurred on the date and have and from the causes stated

COUNTY

206. IF YES, WERE FINDINGS USED

YES 🗀

IN CERTIFYING CAUSES OF DEATH?

NO [

STATE

22b. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22a.1 certify that (1) (this haspital) attended the deceased fram

5804 Baltimore Ave. Hyattsville, Md. 20781

CITY OR TOWN

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 6/17/85 Burial

Richard J. Lilly, M.D.

saw the deceased alive an

23c NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery

23d LOCATION Brentwood

COUNTY P.G. Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22¢ DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

Francis Gasch's Sons Funeral, Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

should be defact

BP.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0004	REGISTRAR			CERTIFICAT	E OF DEATH	REG	, NO.		
084	I. DECEASED NAME	FIRST Wilbur	N.	West		20 DATE OF DEATH	June 20,		26. HOUR 8:02A. M
rs ofter d	3. SEX MALE	4 RACE	HITE	5. DATE OF BIRT	TH 24 1924	6. AGE (IN YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	70. BIRTHPLACE (STATE ORE COUNTRY) PENNA.	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED X	NEVER MARRIED DIVORCED	9 BALTIMORE CIT Prince G		F DEATH	MD.
politied	10. CITY OR TOWN OF DEA	(IF NOT IN SL	HOSPITAL, NURSING CHEACILITY, GIVE STREET A	DDRESS)	HER INSTITUTION Lle Hospita	120 USUAL OCCUP (TYPE OF WORK FOR MO I INVEST		INDUSTRY	GOV 1
35	USUAL RESIDENCE (# NURS 130. STATE MD .	136 COUNTY P • G •	130. CITY OR TOWN	EL 13d. 1		130.STREET ADDRES 7604 HAI	SS / ZIP CODE NES CT	. 20	707
Vol	william ne		west		mamie	e.	F	RACE LAS	ī
Pare /	160 WAS DECEASED EVER (YES NO ORUNKNOWN) YES		166 SOCIAL SECUR		LIZABETH			as 1 707	3 e
event, th	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only ane cause per AS CAUSED BY: IMMEDIATE CAUSE (a)_	r line for (o), (b), and	i Jadu	K			BETWEEN	MATE INTERVAL ONSET AND DEATH
er froumotic	Canditions, if any, gave rise to improve (a), statin	nediate) ng the) DUE TO, (DR AS A CONSEQUE		(avansma	lung		h	
, to	underlying cause	last.							

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
			YES NO	YES [NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE ON VIII	RY IN ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR IC	0 -	STATE

22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated

DEGREE ATTENDING

230. BURIAL, CREMATION, REMOVAL 236. DAIL

23d. LOCATION

24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3 (VRA 15, 4)

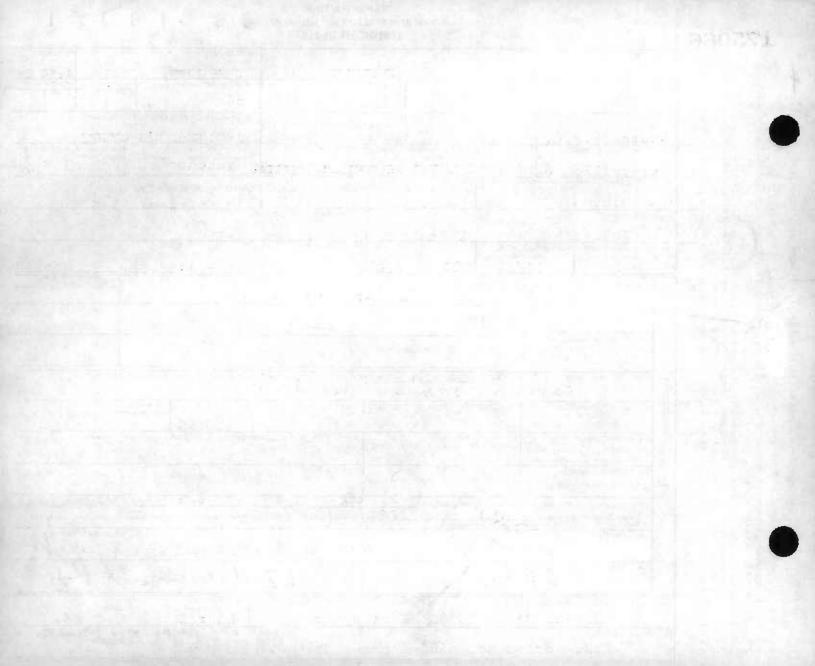
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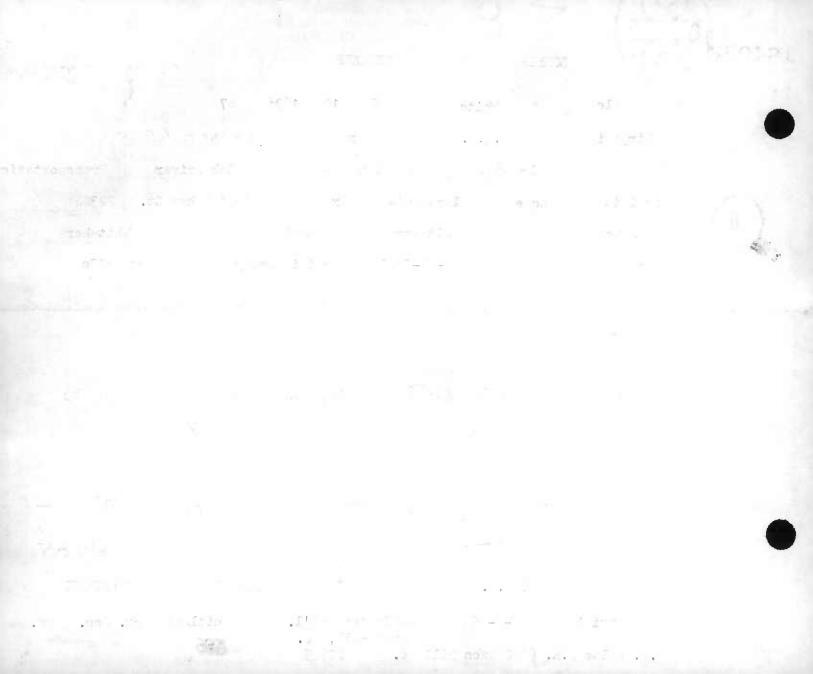
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BURIAL

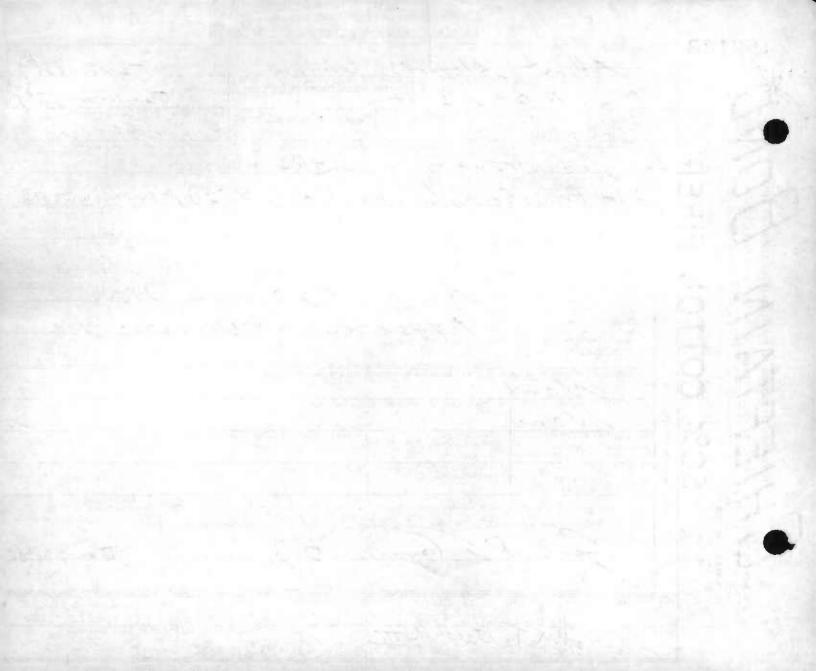
20707

AUGUST CONTRACTOR OF THE PROPERTY OF THE PROPE





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. -STATE REGISTRAR REG. NO 182143 DECEASED NAME 20 DATE KNOWN LTYPE OR PRINT ESTI-DEATH MATED DATE PRONOUNCE NEVER MARRIED 3 TO THE FUNG AIN PAGE 5 FC LD BE FILED, WI DIVORCED USA Washington.D.O 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Retired 3 STREET ADDRESS 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Williams (unknown) Clarence Laura 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 10 4324 Gregory Williams-son-4520 Kinmount ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Road, Lanham, Maryland ical Examiner Along W Burial - Transit Permit. Hand Mental Hygiene, d Mation, or Removal. PART I DEATH WAS CAUSED BY CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to OF HEALTH CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIEF BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL. YES 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Homicide Undetermined monner TITLE (SPECIFY) SKINATURE EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Ft. Lincoln Cemetery Brentwood, 07/84 24 FUNERAL DIRECT **DHMH - 17** Home-4001 Benning Road, Ni (VR A15 ME (5)) Stewart uneral



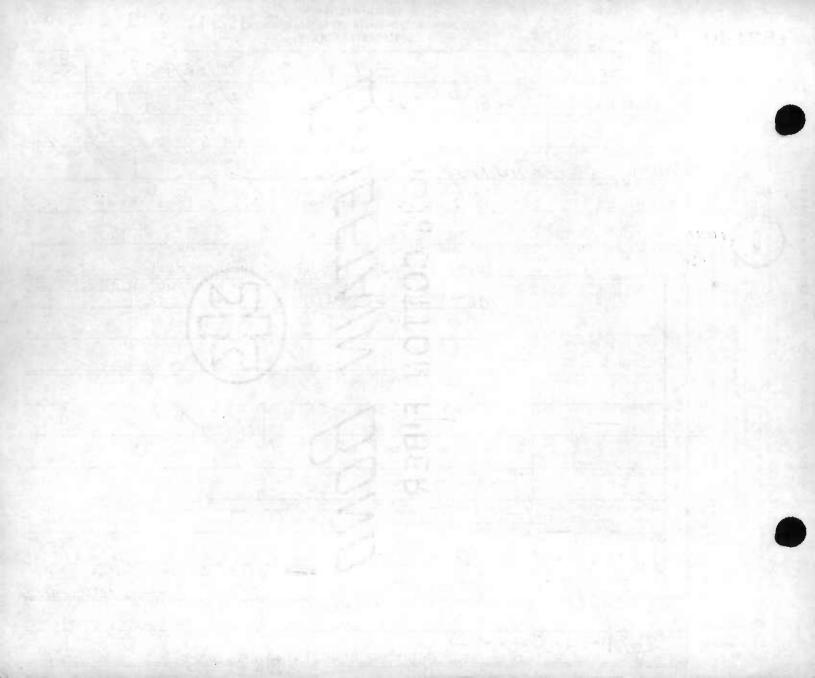
168134	1-	FOR STATE REGISTRAR			DEPARTMENT OF			ENEATH	1 8	0 /	
	1. DE	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE KNO	REG. NO.	H DAY YEAR	R Zh HOUI
P Was all		PE OR PRINT)	GREGOR	2Y	v.	Ta?	ILLIAMS		STI-		
FILES FILES STREET	3. SE.	x I		S. DATE OF BIRTH		EARS IF UN			момтн	6 19 8	
25 E E E E E E E E E E E E E E E E E E E	M	-1-	Dlagle	MONTH DAY	YEAR LAST BIRTHE	11101111		MIN. PRONOUNCE	6	11	22
X 2000		ale	Black	June 8		33		9 RAITIMORI	E CITY OR COUR		35 3A A
A 3 3 5 5 5 4	FC	DREIGN COUNTRY)				WIDOW	ED NEVER MARRI	IED 🔲	George		
Z S S S	10 C	N.C.	OF DEATH		JSA PITAL, NURSING HOM			120. USUAL OCCUPATI			
A BASS	Police I	Temple !		CIE NOT IN SUCH FAI	cility, give street address) thern Ave.			FOR MOST OF WORKING	LIFE)	OR INDU:	STRY
DE SON	USU.	AL RESIDENCE	IF IN NURSING HOME OR	OTHER INSTITUTION, GR	VE RESIDENCE BEFORE ADMISS	SION)		Unit Adm Supp	Iv Sat	4101	7/10
SOUTH STATE		TATE	d PG	Y	Temple		13d INSIDE CITY LIMITS?	3103 Sou	thown	ATTORISO	1-10
T 4 1 1 1		arylan			тещрте:	UTTTS	15. MOTHER'S MAIDE		thern	Avenue	
To the state of	0	FIRST		MIDDLE	LAST		FIRST	dina Cart		LAST	
BASE -	16c. 1	WAS DECEASED	Williams DEVER IN U.S. ARME		Tital SOCIAL SECURI	TY NO.	17. INFORMANT		DDRESS		
2 4 5 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	P P	res. NO, OR UNKNO	WN) (IF YES, GIVE W	AR OR DATES)	579 74		Jamas ti	/illiams-F	lathan		
MITH F		ves	F DEATH (Enter anly	and source and line		2196	James w	/1111ams-r	ather	APPROXIM	ATE INTERVAL
		PARTIDE	ATH WAS CAUSED I	BY: Mi	altiple sta	h wou	nde			BETWEEN ON	SET AND DEATH
PER CHEN			IMMEDIATE	CA03E (0)	AS A CONSEQUENCE		1143				
WITHIN NCIL IN INER A INER A ITAL HY			ns, if ony, which		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.				22.10	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITHOG THE WOOD "PENDING" IN PENCIL IN ITEM 19 MEDED TO THE CHIEF MEDICAL EXAMINER ALONG 55:3 SHOULD BE USED AS A BURIAL-TRANSIT PERMITE E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 101 PRIOR TO BURIAL, CREMATION, OR REMOVAL.			e to immediate	(b)	AS A CONSEQUENCE	OF					
XAMIN XAMIN XAMIN AL-TR MENT,		lying cou		, , , , , , , , , , , , , , , , , , ,	AS A CONSEQUENCE	Oi					
ULD BE EXECUTED "PENDING" IN F EMEDICAL EXA ED AS A BURIAL HEALTH AND MI CREMATION,	4	PART 2 OTHER SIG	SNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH (BUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PA	PT 1 o			
SA L	Z		Carry In F								
"PENE "PENE ED AS HEALT	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOP:	SY?
SESPE	/ I W	Property of		100						YES X] NO []
TING THE WO DED TO THE C 3 SHOULD BE DEPARTMENT	7 8		L CAUSE WAS	21b. TIME OF		21c HC	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR		
SHOULD SHOULD PARTMEI	1 3	UNDERLYING	OR CAUSE OF DE		MONTH DAY YEA		bject stab	bed.			
3 SH DEPA	ĕ	71d INTURY C	CCURRED	21e PLACE C	OF INJURY (AT HOME,	21f LOC	CATION				
WARDI WARDI PAGE TATE D	X	AT WORK	NOT WHILE AT WORK		ORY, FARM, ETC.)		3 Southern	Ave., Temp	le Hill	S.Prince	STATE
RW/RW/RE PA				of the someons does	cribed above, held an	Autops	LAJ		1		MD
ANDREAM		death resulte		I causes .		vicide .	, Inspection	n, Inquiry Undetermined manne	, ond in my o	ppinion	
KAM IREC VITH		dealli resolite	A	, cooses [],	Accident [1], 3	orcide	TITLE (SPECIFY)	Onderermined manne	, ,,		
MAN AND THE	4	ACTUAL SIGNATURE	MA	2/00	16	M	Daniaton	L_MEDICAL EXAMINE	DATE	E 6-11-	-85
SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT	7		///			M.	.U. <u>====</u>	MEDICAL EXAMINE	K SIGN	AED O TT	0.0
A STATE OF S	X	EXAMINER'S (TYPE OR PRIN	NAME Ann M	1. Dixon.	M.D.	200	ADDRESS 111	Penn St.,	Balto.	MD 212	201
TO MEDICAL EXAMINER: T EXECUTE THE CEPTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a. B	URIAL, CREMAT	Constitution of the last	DATE	THE NAME OF CE	METERY OF	RCREMATORY	123d LOCATION			
BP	В	urial	(X)	June 15	1985	Harm		ial Park	Lando	ver, Ma	rylar
DHMH - 17	. 110	UNERAL DIREC	10411	1) / 1	leino	10-	7/4 250. DATE F	REC'D. BY REGISTRAR	Sh REGISTRAR'S	SIGNATURE	
(VR A15 ME (5))		Stewar	W/Funera	11 Mome-	4001 Ben	ning	Road NN.	1 J 1085 A	elia Davidse	on-gandel	2

176042	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 5	180	7 5
4 may be ector, page 3		CEASED NAME FIRST HARRIE SMALE EMALE EMAL		NILLIAM C DATE OF BIRTH MONTH 16-25-96	20. DATE OF DEATH MO 6. AGE (IN YEARS LAST BIRTHE		
the funeral direction 72 hours	7a B	RTHPLACE (STEE OR FOREIGN 76		ARRIED NEVER MARRIED DOWED DIVORCED DIVORCED DIVORCED DIVORCED	9. BALTIMORE CITY OR PROVIDE TO SUBJECT OF WORLD FOR MOST OF WORLD FOR WORLD FOR MOST OF WORLD FOR WOR		E & MD.
within 2 hour	Id. F	AL RESIDENCE IN WARRE OF CHAPE ATE THERE'S ME AND AND AND AND AND AND AND AN	Haullow CVP 45 STEELE REPORT ADM		ALL STREET ACIDRESS / 3	D	Controvo, M
Cate be executed by the cate be executed by the cate b	16n. \	VAS DECEASED EVER IN U.S. ARME	one cause per line for (a), (b), and (c)	m H18888	in the last	nd Daugt	e Harber M
And the death certification of the death certification of the community of		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE	of inferren	INAL DISEASE OR CONDI	TION GIVEN IN PART	l a
ALRECORDS The law required to be been vigous to be been vigous to the been vigous to the been to the b	CERTIFICATION	19s. DATE OF OPERATION	1% CONDITION FOR WHICH OPE	RATION WAS PERFORMED	70s AUTOPSYT	ION IF YES, WERE FIND IN CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH? NO []
G PHYSICIAN THE BUSINESS AND STREET OF THE BUSINESS AND AND STREET OF THE BUSINESS AND AND THE BUSINESS AND	MEDICAL CES	THE ACCEPTOWAS INDESTING CONCENTRALITING CAUSE OF DEATH IN ETHER MOTHER MOTHER TOWNS TO THE CONCENTRALITY OF THE C	21s TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21s PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM.)	19 21/ LOCATION	ED FENTER NATURE OF PASSIFE OF	0 = 8 18	sfate
DI HOSPITAL OR ATTENDIAN Instituted by the hospital or a C FUNETAL DIRECTOR or the found be detected the use on the the Stone Dept of Health ASSESSESSESSESSESSESSESSESSESSESSESSESSE	THE PARTY	27s I certify that (I) III saw the deceased alive on above, (I) I would idld not a size SIGNATURE 77st SIGNATURE 77st PHYSICIAN'S NAME INTEREST W. FURST	618 1085	Ord Shat in (my) (my) apimon of DEGREE ATTENDING PHYSICIAN X 224 ADDRESS	MEDICAL STAFF	724 DAT	thor (II im) last recovers stored E SIGNED 1985
BP	まま	DIRECTION REMOVAL	6-24-85 En	on Cemetery or Crematory	23M LOCATION COLLEGE VEC D. BY REGISTRA CH	PEGISTRAFS SHOW	ty, Pa.

Farte Tear - 10-25- 70 Esterne A.P.M. 59 10.19 1080801 week of and sure in of

Home-4001 Benning Road, N. E.

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN 26 HOUR OF ESTI-DEATH MATED Imo the 5. DATE OF BIRTH 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 23,1909 76YRS 4. BALTIMORE CITY OR COUNTY OF DEATH Jo. BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY) U.S.A. Prince George's S.C. DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH TINAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Cheverly Retired Brickmason USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MD. 21201 30. STATE 13b. COUNTY 13c. CITY OR TOWN 13e STREET ADDRE Oaks Dr. Chapel Oaks NO 1 1316 P.G. Dubbar YES X Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Bowie Williams Lula James 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 248-14-7126 Geneva Williams-Same as # 13 above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY molio ence Carcinonia IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A I CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? MENT OF TO BURI YES [210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) GE 3 SHOULD E HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion TO MEDICAL EXAMINI
EXECUTE THE CRITIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTE
AFTER DEATH, WITH THE
BALTIMORE, MARYLAI Accident Hamicide Undetermined manner death resulted fram: Natural causes Suicide TITLE SPECIEY EXAMINER'S NAM 85 MEN. PARK LANDOUER P. G., 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** H. S. WASHINGTON + SOMS 4925 BURROUGH AVENEU (VR A15 ME (5))

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AMERICAN TO THE PROPERTY OF THE PARTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE, - STATE 168007 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN MONTH 2h HOUR (TYPE OR PRINT) OF UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS PEARL WILSON DEATH MATED MINNIE 19 4. RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS DATE FUNERAL DIREC MONTH LAST BIRTHDAY) PRONOUNCED DEAD Female Black. YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY (ED WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY -tinest Fairmont Heights 1125 Chapelwood Lane 201 13a STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? YES [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE RALONG WITH FORM PW ISIT PERMIT, PAGES 1 AND HYGIENE, DIVISION OF WITH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) 6-8387 1 mulbungh QUALAY AVE 18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: selectio Cendervas ENTAL HYGIEN IMMEDIATE CAUSE (6)_ DULTO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND ME I PRÍOR TO BURIAL, CREMATION, MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOT 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK WHILE COUNTY 2 Inquiry X 220. I certify that I took charge of the remains described above, held an MARYLAND Autopsy Inspection and in my opinion TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECT
AFTER DEATH, WITH THE
BALTIMORE, MARYLA! Natural causes X death resulted from Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED June 2, 1985 Denuty SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Cr, Temple Hills, Md Augusto P Rodriguez, M.D. (IMPE OR PRINT) 230/BURIAN CREMATION REMOVAL 236 DATE Md. National Pank MUINKIA 07/84 BP. 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH - 17** BURRCUGUS (VR A15 ME (5))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TENDING PHYSICIAN: The law

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FOR	DEPA

STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

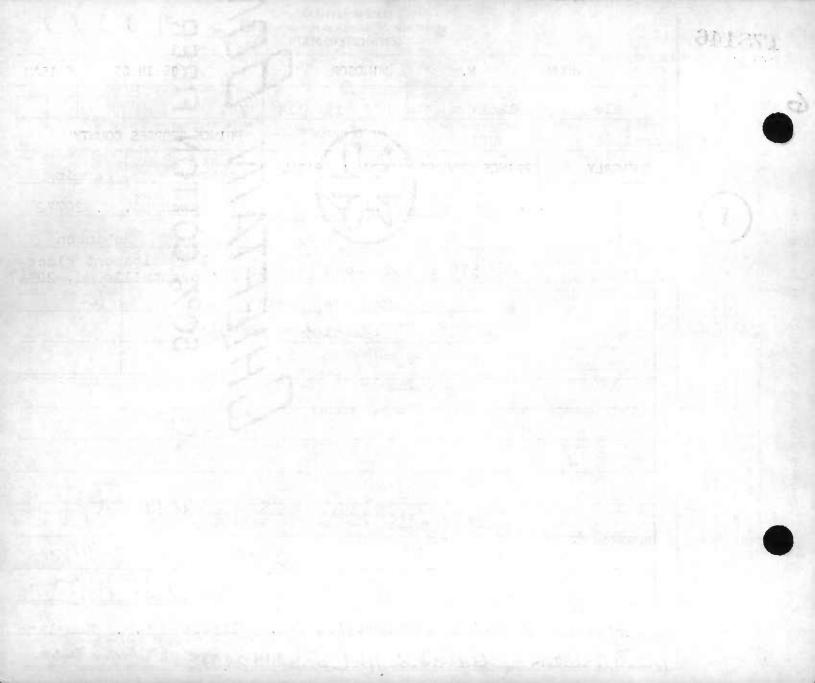
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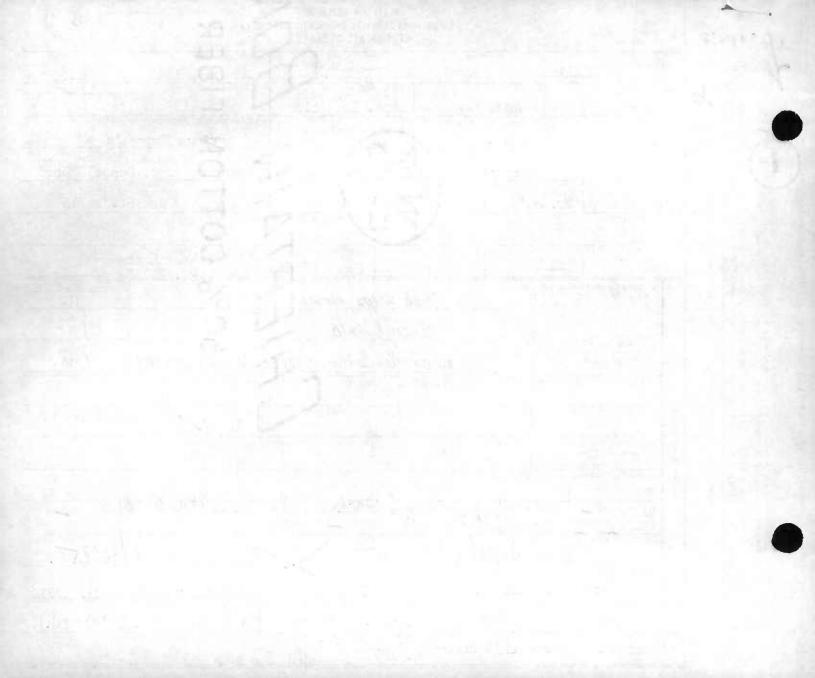
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TTENDI	for use	21 is m		sow the decease obove, (1) (we) (d	d alive on	JW	ofter death	from 19		d that in (my) (our) o	opinion de	eoth occurr	ed on the c	dote and ho	. 19 00 our ond fi		that (1) (couses st	, , , , , , ,
the hos	etached te Dept.	: If Item		22b. SIGNATURE	mark	m 0.1	UD O E	5/	W	DEGREE AN NE	DING	MEDICAL DIRECTOR	STA		6/	C DATE	SIGNED	. 7
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*	MIN	cause	rise to immediate (a) stating the <u>under</u>		AS A CONSEQUENCE	OF					-
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DIVISION OF VITAL	**************************************	19a. DATE	NAL CAUSE WAS	011 71115 05	IN COURTY	Ti. 110				YES 💢 NO 🗌]
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	THIS WANTED	1				_		eantown Ro		chlagle Rd.,	-
	#259H3	220. l c	ertify that I taok char	- manage	cribed obave, held an		y XX Inspection		wa_hord	f,Charles Co.	,
-	ME WEEK	death re	sulted from: Nati	oral causes	Accident XX, Si	vicide ,		Undetermined mar	nner,		
•	X B S B A S	ACTUAL	Vine	Male In	ne youll		Accietant	MEDICAL EXAMI	DAT	TE 6-28-85	
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	AND SEED	EXAMINE TYPE OR	R'S NAME Marc	garita A.	Korell, M.I	D	ADDRESS 111 1	Penn St.,	Balto., 1	Md. 21201	
	DAN DAN DE	230. BURIAL, CRE	MATION, REMOVAL	23b DATE	23c. NAME OF CE			23d. LOCATION		OUNTY STATE	=
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	(VR A15 ME (5))	Huntt	Funera	Home, V	laldorf,	MD	ال، ا	L U 1 1985	1 duna Mar	vidson-Randaes	

STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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-1	REGISTRAK			REG. N	10.
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1	LEONAR	D ELDON	WOOD	JUNE	24 1985 2; 10A M
	3. SEX 4.	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST 8	
	Male	White	Jan. 31, 19	18 67	MONTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRI	IED I	OR COUNTY OF DEATH
1	Tennessee	U.S.A.	WIDOWED DIVORC	ED Pri	nce George's
Ø		 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 	ING HOME OR OTHER INSTITUTE ET ADDRESS)	ON 12a USUAL OCCUPA	12b. KIND OF BUSINESS OR
4	and the same of th		al of Pr. Geo.	Co. Printing	
A	USUAL RESIDENCE IN NURSING HOME OR OT 13% STATE 136 COUNTY			MITS? IBESTREET ADDRESS	/ ZIP CODE
1	Maryland Pr.	Geo's River			inidad St. 20737
1	14 FATHER'S NAME FIRST MIC	DDLE LAST	15 MOTHER'S MAI	DEN NAME	LAST
4	Raymond			ssie E.	Clark
1	160 WAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SEC MAR OR DATES) 408-01		5 1	llTrinidad St.
	No	400-01	Gladys	** ** *	verdale, Md. 2073
ľ	18 CAUSE OF DEATH (Enter only	ane couse per line far (a), (b), a	ind (c).)		CUNG BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED IMMEDIATE		-ASTATIC	CARCINOM	1-0E
1		DUE TO, OR AS A CONSEQU	UENCE OF CO.	00011	
-1	Conditions, if any, which	(tb)	C1011111	te ARRITY	THMIA
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOL	UENCE OF (1+0 2 N)	10 OBSTRUC	TUE
1	underlying cause last.	(c)	UENCE OF CITTON	LUNG DISE	155
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 110
	\\(\text{0}\)	HTZ ITYDNE	47102		
2	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
1	317			YES NO X	
1	OR COLUMN TO CHUSE OF OF ALL	HOUR (A.M) MONTH D		OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	218. PLACE OF INJURY	FARM, ETC) 21f LOCATION STREET	CITY OR I	OWN COUNTY STATE
	WHILE NOT WHILE AT WORK			0 1	
	220. I certify that (I) (this haspital	I) attended the deceased from	0	D) to 6/	19 3 , that (I) (we) last
	saw the deceased alive on_ abave, (l) (we) (did) (did nat):	view the bady after death.		apinion death occurred an the	date and have and from the causes stated
	22h SIGNATURE	1 1	DEGREE		22, DATE SIGNED

TO FUNERAL DIRECTOR: , should be detached for use with the State Dept of Heo

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

236. BURIAL, CREMATION, REMOVAL 23b. DATE Burial June

24 FUNERAL DIRECTOR

Aroor S. Rao, M.D.

9013 Annapolis Rd. Lanham, Md. 20706

23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

June 26,1985 Ft. Lincoln

23d. LOCATION

131 Piscataway Rd., Clinton, Md. 20735

ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN

Brentwood P.G. Md.

6/24/85

Howard Hales lanham Fun'l H. JUN 2 6 1985 Whe Davidson Rand

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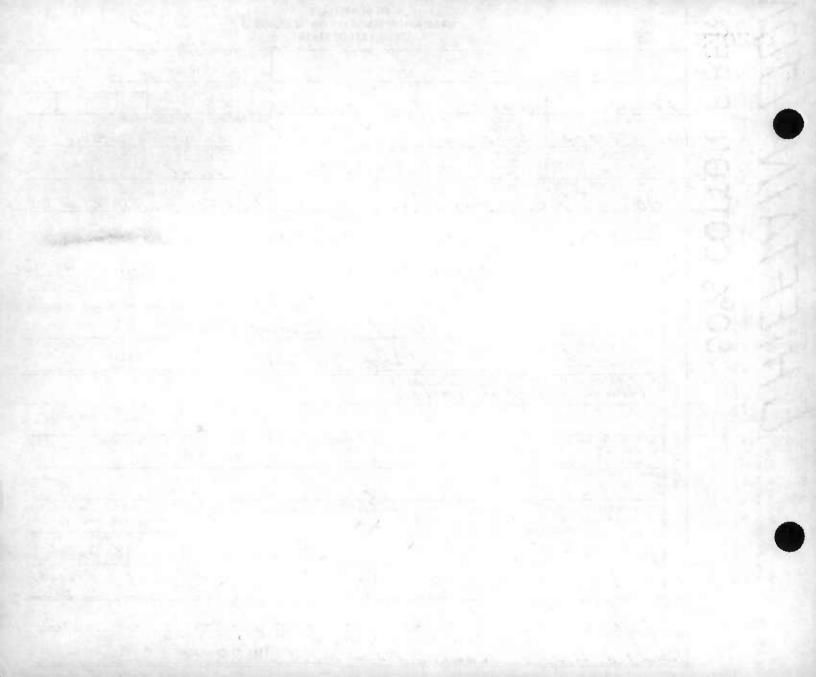
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME MIDDLE 2b. HOUR (TYPE OR PRINT) Adele 26,1985 Marion WRIGHT 1:08 Am June 3 SEX A RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAY FEMALE WHITE To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County NEW JERSEY WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n LISUAL OCCUPATION 17h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIVE OF WORK FOR MOST OF WORKING LIFE! DOCTORS' HOSPITAL of P.G.Co. LANHAM HOUSEWIFE SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE FAMONS ION GREENBEL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ARTHUR JOSEPHINE SOMMER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c PART I. DEATH WAS CAUSED BY ardid IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the cause last. ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LICE CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 710 ACCIDENT WAS UNDERLYING 216 TIME OF INITIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive a above, (I) (we) (did) (did n 19 8 and that in (my) (aur) apinian death accurred on the date and have and from the causes stated e body ofter death MATURE. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL CREMBTION REMA/NY SANDY SPRING & 250. DATE REC'D. ECK F.H. INC MD 2070

DHMH - 16 60M 7/84 (VRA 15, 4)

should be



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REG. NO

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

